

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

In re:  
City of Detroit, Michigan,  
Debtor.

Bankruptcy Case No. 13-53846  
Honorable Thomas J. Tucker  
Chapter 9

**CITY OF DETROIT'S MOTION TO EXPUNGE OR DISALLOW CLAIMS OF "EMPLOYEE OBLIGATION CLAIMANTS"**

**EXHIBIT 1**

**Omnibus Objections Adjourned to 6/15/16 at 1:30 p.m.**

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
1	Pennington, Sheila, (3249)	<b>25</b>	(AFSCME 1023)	“alleged unfunded pension amount”	No response filed with court.
2	Fields, Joseph (3482)	<b>30</b>	(AFSCME 207)	10% pay cut, cut reserved sick time and swing holiday, election day	Includes pay stubs; No further information provided <b>(Doc. No. 10920)</b>
3	McCaskill, Kathy L. (1809)	<b>30</b>	(AFSCME 207)	10% pay cut, cut reserved sick time and swing holiday, election day, veteran’s day, annuity freeze, elimination of longevity, bonus vacation days, mileage, shift premiums, monthly sick days	No further information provided <b>(Doc. No. 10901)</b>
4	Osley, Damon L., (3391 and 3443)	<b>29</b>	(AFSCME 207)	10% pay cut (3391), longevity (3443)	No further information provided <b>(Doc. No. 10879)</b>
5	Ratliff, Antonio Domingo, (3131)	<b>28</b>	(AFSCME 207)	Unlawful pay cut, no hazard pay, no cola, elimination of longevity, lost holiday pay, annuity contributions, lost reserve sick time, no step increases	Losses incurred “during bankruptcy” No further information provided <b>(Doc. No. 10910)</b>
6	Baldwin, Toni (3452)	<b>34</b>	(AFSCME 207) DWSD	10% pay cut, reduced overtime, elimination of longevity	No further information provided <b>(Doc. No. 10887)</b>
7	Butler, Otis (1999)	<b>32</b>	(AFSCME 207) DWSD	10% pay cut, cut reserved sick time and swing holiday, election day, elimination of longevity, annuity freeze	No further information provided <b>(Doc. No. 10896)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
8	Canty, Andre, (2096)	<b>28</b>	(AFSCME 207) DWSD	10% pay cut, cut swing holiday, elimination of longevity	No further information provided <b>(Doc. No. 10821)</b>
9	Chlosta, Patrick H. (2010)	<b>32</b>	(AFSCME 207) DWSD	None stated	Adds 10% pay cut; No further information provided <b>(Doc. No. 10895)</b>
10	Dorch, Vetonia (1985)	<b>33</b>	(AFSCME 207) DWSD	10% pay cut, cut reserved sick time and swing holiday, election day, annuity freeze, lost raises	No further information provided, but adds pay history and check stubs <b>(Doc. No. 10836)</b>
11	Felder, Kahlil (2743)	<b>30</b>	(AFSCME 207) DWSD	10% pay cut, cut reserved sick time and swing holiday, election day, lunch hour annuity freeze, lost raises	No further information provided <b>(Doc. No. 10883)</b>
12	Howard, Daris, (2501)	<b>29</b>	(AFSCME 207) DWSD	10% pay cut, longevity	No further information provided <b>(Doc. No. 10827)</b>
13	Huskey, Charles, (3402)	<b>29</b>	(AFSCME 207) DWSD	Longevity, 10% pay cut, clothing allowance	No further information provided <b>(Doc. No. 10847)</b>
14	Johnson, John (1686)	<b>30</b>	(AFSCME 207) DWSD	10% pay cut, cut reserved sick time and swing holiday, election day, annuity freeze, elimination of longevity, bonus vacation days	Provides pay history; No further information provided <b>(Doc. No. 10884)</b>
15	Jordan, Ronnie (3417)	<b>33</b>	(AFSCME 207) DWSD	10% pay cut, no step increases	“pay cut began on October 5, 2012” estimates loss at \$5,500 No further information provided <b>(Doc. No. 10906)</b>
16	Leapheart, Ronald (2001)	<b>33</b>	(AFSCME 207) DWSD	10% pay cut, cut reserved sick time and swing holiday, elimination of longevity	Includes pay stubs; No further information provided (Response not filed with court.)

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
17	McClain, Kanard (3379)	<b>30</b>	(AFSCME 207) DWSD	10% pay cut,, annuity freeze, elimination of longevity	Provided pay stubs and pay history; No further information provided <b>(Doc. No. 10814)</b>
18	Moore, JaJuan (2098)	<b>36</b>	(AFSCME 207) DWSD	10% pay cut, step increases, shift premiums holiday pay, hazard pay, cola pay, pension and annuities, mental stress	States he is Vice President of AFSCME Local 207 at DWSD. Claims City payroll system produced paychecks with erroneous amounts; CETs imposed 10% pay cut, loss of benefits and healthcare; did not get step increases for 2011-2014; lost 4 hours of “turnaround” pay; pain and suffering; cites to MERC Case No. 11 K-2011; claims underfunded annuity; failure to bargain, citing MERC Case No. 14-009883; attached Decision and Order on a unit clarification issue involving DWSD, GLWA, AFSCME and IUOE, Case No. UC15 L-204 dated March 3, 2016. <b>(Doc. No. 11016)</b>
19	Murphy, Gerald (3442)	<b>30</b>	(AFSCME 207) DWSD	10% pay cut, step increases, out of class pay, longevity	No further information provided <b>(Doc. No. 10894)</b>
20	Steele, Craig, (3411)	<b>29</b>	(AFSCME 207) DWSD	10% wage cut, longevity	No further information provided <b>(Doc. No. 10899)</b>
21	Walker, Enos, (2610)	<b>20</b>	(AFSCME 207) DWSD	10% pay cut, elimination of longevity, reserved sick bank, swing holidays, election day, annuity freeze, bonus vacation days	Attached pay stubs; No further information provided <b>(Doc. No. 10907)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
22	Washington, Kevin (1996)	31	(AFSCME 207) DWSD	10% income withheld, reserved sick, holiday pay, election day, annuity, longevity	Attached pay history; No further information provided ( <b>Doc. No. 10886</b> )
23	White, Wanda Beckom (3397)	33	(AFSCME 207) DWSD	10% wage cut, annuity city match, longevity	Seeks reinstatement of 2012 -2015 10% pay cut, longevity and shift premiums. No further information provided ( <b>Doc. No. 10882</b> )
24	Greer, Eddie, (2536)	29	(AFSCME 214)	Pension (appears other claims crossed out)	No further information provided ( <b>Doc. No. 10852</b> )
25	Bell, Sheila [sic] (2893), (Should be "Shelia")	32	(AFSCME 214) DOT	elimination of longevity	No further information provided ( <b>Doc. No. 10872</b> )
26	Brown, Dwayne A. (2997)	36	(AFSCME 214) DOT Delivery Driver	Elimination of longevity	No further information provided ( <b>Doc. No. 11022</b> )
27	Hogue, Benjamin, (2598)	28	(AFSCME 229) General Auto Mechanic	longevity	No further information provided ( <b>Doc. No. 10837</b> )
28	Williams, Denise (1898)	29	(AFSCME 2394)	10% pay cut	No further information provided ( <b>Doc. No. 10909</b> )
29	Cooper, Michael (1891, 1979)	32	(AFSCME 2394) Municipal Parking Department, Supervisor	Longevity (1891), 10% pay cut (1979)	No further information provided ( <b>Doc. No. 10908</b> )

<b>Item no.</b>	<b>Claimant, (Claim Number(s))</b>	<b>City Objection No.</b>	<b>Union/Employee Information</b>	<b>Information Provided In Claim</b>	<b>Response to Objection</b>
30	Cook, Harriet, (1892 and 1893)	<b>29</b>	(AFSCME 2394) Municipal Parking Department Officer Supervisor	Longevity (1892), 10 % pay cut (1893)	No further information provided <b>(Doc. No. 10919)</b>
31	Phillips, Althea F., (2325)	<b>28</b>	(AFSCME 2799)	10% pay cut, longevity pay	No further information provided <b>(Doc. No. 10860)</b>
32	Pasha, Lucille (2077 and 2084))	<b>36</b>	(AFSCME 2920)	Health care, sick days, bonus vacations (2077), longevity (2084)	No further information provided <b>(Doc. No. 11021)</b>
33	Branam Sr., Ronald (3438)	<b>37</b>	(AFSCME 2920)	Elimination of longevity	No further information provided <b>(Doc. No. 11036)</b>
34	Hogue, Stephanie (3168, 3215, 3216)	<b>33</b>	(AFSCME 2920) Customer Service Representative,	Bonus vacation days (3168), swing holidays (3215)l longevity (3216)	No further information provided <b>(Doc. No. 10838)</b>
35	Richardson, Teulaina (3214)	<b>34</b>	(AFSCME 62)	Annuity	No further information provided <b>(Doc. No. 10795)</b>
36	Bolton, Dinah Lynn, (3522)	<b>28</b>	(APTE)	10% pay cut, loss of 4% increase, merit pay, tuition reimbursement, jury duty pay, lection day pay, Loss of health care increased costs, reduced overtime, elimination of longevity, sick time, cuts in annuity and pension, loss of swing holidays, out of class pay.	No further information provided; wants APTE arguments applied to claim <b>(Doc. No. 10841)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
37	Duncan-Martin, Francine (3144)	36	(APTE) DWSD Principal Governmental Analyst	10% pay cut, cut reserved sick time and swing holiday, election day, lunch hour annuity freeze	Cites City Charter, CET and Addendum to Proof Of Claims of Coalition of Detroit Unions, Claim No. 2851; Includes labor Relations memo of July 27, 2012 Imposing CET terms; October 30, 2013 memo from Terri T. Conerway to DWSD employees eliminating election day time off for certain Union employees; letters dated July 18 and July 25, 2012 from Retirement System objecting to changes in the composition of pension board; Retirement system board Resolution dated July 18, 2016; SAAA report on layoffs dated July 19, 2012; Emergency Manager Order 21, dated December 2013, freezing Detroit pensions and annuities <b>(Doc. No. 10914)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
38	French, Roderick (2842)	33	(APTE) DWSD Principal Governmental Analyst	10% pay cut, cut reserved sick time and swing holiday, election day, lunch hour, annuity freeze, elimination of longevity	Cites City Charter, CET and Addendum to Proof Of Claims of Coalition of Detroit Unions, Claim No. 2851; Includes labor Relations memo of July 27, 2012 Imposing CET terms; October 30, 2013 memo from Terri T. Conerway to DWSD employees eliminating election day time off for certain Union employees; letters dated July 18 and July 25, 2012 from Retirement System objecting to changes in the composition of pension board; Retirement system board Resolution dated July 18, 2016; SAAA report on layoffs dated July 19, 2012; Emergency Manager Order 21, dated December 2013, freezing Detroit pensions and annuities ( <b>Doc. No. 10912</b> )
39	Finley, Carol Jean, (2359)	23	(non-union) Fire Department Senior Storekeeper	Service performed, deliver health care, credit card debt, mortgage, interest on pension	No further information provided ( <b>Doc. No. 10881</b> )

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
40	McCravy, Sarah (3122)	37	(non-union)	Health care cost increase, swing holiday, paid lunch, 20% of pay, longevity, pension freeze	February 24, 2011 Announcement of BFR days ; November 7, 2011 announcement of elimination of paid lunch Letter from Director of Labor Relations, Lamont Satchel, dated July 27, 2012 announcing imposition of CETs; November 8, 2012 announcement of implementation of overtime reduction, reduction in holiday premium pay, reduction in shift premium, elimination of longevity; November 28, 2012 announcement of reduction in pension multiplier, elimination of annual escalator, freeze on pay out of unused sick leave on retirement, elimination of sick time inclusion in FAC; June 24, 2013 vacation hours cap, elimination of swing holidays and election day, elimination of bonus vacation days, discontinuance of accruals to Reserve and seniority sick banks <b>(Doc. No. 11043)</b>
41	Collins, Julius, (67)	20	(non-union) DWSD	Compensation earned	No further information provided <b>(Doc. No. 10952)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
42	Brown, Carmelita, (1654)	28	(SAAA)	Lost wages and benefits due to change in policy without bargaining	No further information provided, except laid off August 2012 so no loss resulting from CET; claim is based on 2008-2012 collective bargaining agreement <b>(Doc. No. 10885)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
43	Clarke, Janice (3467)	36	(SAAA) Sr. Telecom Technician,	Lost wages, elimination of longevity, medical benefits, annuity %, merit and step increases, sick leave, vacation, eliminated sick day and swing holiday.	February 24, 2011 Announcement of BFR days ; November 7, 2011 announcement of elimination of paid lunch Letter from Director of Labor Relations, Lamont Satchel, dated July 27, 2012 announcing imposition of CETs; November 8, 2012 announcement of implementation of overtime reduction, reduction in holiday premium pay, reduction in shift premium, elimination of longevity; November 28, 2012 announcement of reduction in pension multiplier, elimination of annual escalator, freeze on pay out of unused sick leave on retirement, elimination of sick time inclusion in FAC; June 24, 2013 vacation hours cap, elimination of swing holidays and election day, elimination of bonus vacation days, discontinuance of accruals to Reserve and seniority sick banks <b>(Doc. No. 11044)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
44	Clemons, Natalie (1741, 2060, 2061, 2074, 2102)	32	(SAAA)	10% pay cut (1741), lunch hour (2060), election day (2061), elimination of longevity (2074), reserved sick bank (2102)	Cites City Charter, CET and Addendum to Proof Of Claims of Coalition of Detroit Unions, Claim No. 2851; Includes labor Relations memo of July 27, 2012 Imposing CET terms; October 30, 2013 memo from Terri T. Conerway to DWSD employees eliminating election day time off for certain Union employees; letters dated July 18 and July 25, 2012 from Retirement System objecting to changes in the composition of pension board; Retirement system board Resolution dated July 18, 2016; SAAA report on layoffs dated July 19, 2012; Emergency Manager Order 21, dated December 2013, freezing Detroit pensions and annuities; hand written note dated 20122 referencing "issues with" unidentified court order ( <b>Doc. No. 10892</b> )
45	Clemons, Natalie (1956 and 2079)	36	(SAAA)	annuity freeze (1956), Swing holiday (2079),	Same as above ( <b>Doc. No. 10934</b> )

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
46	Walker, Lenetta (2898)	36	(SAAA)	“services performed, city employee – labor, grant funded 100%, non-negotiated wages and benefits lossed (sic)”	States wages and retirement paid from Federal grant funds and should be paid without reduction from bankruptcy; includes calculations going back to 2009 (10% pay cut) and loss of bonus vacation, longevity, reserve sick time, and loss of paid lunch. Attaches a non-binding fact finding report by George Roumell initiated in 2010 and presumably entered in January 2011. <b>(Doc. No. 11045)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
47	Thomas, Corey, (1829)	29	(SAAA) DWSD	10% pay cut, elimination of longevity, swing holidays, election day, lunch hour, annuity freeze reserved sick bank	Cites City Charter, CET and Addendum to Proof Of Claims of 47 of Detroit Unions, Claim No. 2851; Includes labor Relations memo of July 27, 2012 Imposing CET terms; October 30, 2013 memo from Terri T. Conerway to DWSD employees eliminating election day time off for certain Union employees; letters dated July 18 and July 25, 2012 from Retirement System objecting to changes in the composition of pension board; Retirement system board Resolution dated July 18, 2016; SAAA report on layoffs dated July 19, 2012; Emergency Manager Order 21, dated December 2013, freezing Detroit pensions and annuities; hand written note dated 20122 referencing "issues with" unidentified court order <b>(Doc. No. 10911)</b>
48	Pennington, LaTonya (2738, 2741, 2745 and 2749)	31	(SAAA) DWSD Senior Accountant	Swing holidays (2738), lunch hour (2741), 10% pay cut (2745), election day (2749)	No further information provided <b>(Doc. No. 10865)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
49	Jordan, Sharon K. (1817)	33	(SAAA) DWSD Senior Governmental Analyst	10% pay cut, cut reserved sick time and swing holiday, election day, lunch hour, annuity freeze, elimination of longevity, bonus vacation days, budget furlough days	Cites City Charter, CET and Addendum to Proof Of Claims of Coalition of Detroit Unions, Claim No. 2851; Includes labor Relations memo of July 27, 2012 Imposing CET terms; October 30, 2013 memo from Terri T. Conerway to DWSD employees eliminating election day time off for certain Union employees; letters dated July 18 and July 25, 2012 from Retirement System objecting to changes in the composition of pension board; Retirement system board Resolution dated July 18, 2016; SAAA report on layoffs dated July 19, 2012; Emergency Manager Order 21, dated December 2013, freezing Detroit pensions and annuities <b>(Doc. No. 10891)</b>

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
50	Thomas, Aldrina (2319)	36	(SAAA) DWSD Senior Governmental Analyst	10% pay cut, cut reserved sick time and swing holiday, election day, lunch hour, annuity freeze, elimination of longevity, bonus vacation days	Cites City Charter, CET and Addendum to Proof Of Claims of Coalition of Detroit Unions, Claim No. 2851; Includes labor Relations memo of July 27, 2012 Imposing CET terms; October 30, 2013 memo from Terri T. Conerway to DWSD employees eliminating election day time off for certain Union employees; letters dated July 18 and July 25, 2012 from Retirement System objecting to changes in the composition of pension board; Retirement system board Resolution dated July 18, 2016; SAAA report on layoffs dated July 19, 2012; Emergency Manager Order 21, dated December 2013, freezing Detroit pensions and annuities ( <b>Doc. No. 10935</b> )
51	Udegbunam, Chukwuma (3212)	29	(SAAA) Principal Accountant,	10% pay cut, elimination of longevity, swing holidays, election day, lunch hour, furlough days	No further information provided ( <b>Doc. No. 10859</b> )
52	Green, Deirdre, (1894 and 1896)	29	(TEAMSTERS 214) Parking Enforcement Officer, Municipal Parking	Longevity (1894), 10% pay cut (1896)	States she is retiree; No further information provided ( <b>Doc. No. 10902</b> )

Item no.	Claimant, (Claim Number(s))	City Objection No.	Union/Employee Information	Information Provided In Claim	Response to Objection
53	Brooks, Da'Nean M., (3383)	28	(UAW 2200) DWSD	Lost wages in interest due to non-funding/freeze of pension; Lost wages in interest of 7.9% or greater on annuity; possible loss of total pension and annuity; increase in health care expenses	No further information provided Statement appears to state that claims result from bankruptcy filing <b>(Doc. No. 10897)</b>

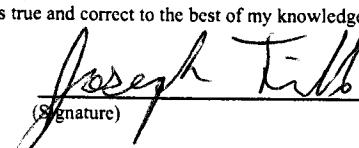
B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER PROOF OF CLAIM <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 21 2014  US Bankruptcy Court Michigan District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):  <i>Sheila Jennings</i>			
Name and address where notices should be sent:  <i>Sheila Jennings 315-759-0033 20469 Street Detroit, MI 48235</i>		Telephone number: email: <i>JenningsSheila@gmail.com</i>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):		Telephone number: email:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>Alleged unfunded pension amount</u>			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>City of Detroit pension</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:  <u>3846</u>		3a. Debtor may have scheduled account as:  <u>(See instruction #3a)</u>	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:  <u>\$ _____</u>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	Amount Unsecured: \$ _____
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable			
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ <u>Alleged unfunded pension amount</u>			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ <u>Alleged unfunded pension amount</u>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:  <i>RECEIVED</i>			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent.		<input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)	
<input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)		KURTZMAN CARSON CONSULTANTS	
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Sheila Jennings</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____		<i>Sheila Jennings 2-2014</i> (Signature) (Date)	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 21 2014 COURT USE ONLY US Bankruptcy Court Mt Eastern District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Joseph Fields</i>			
Name and address where notices should be sent: <i>1955 Lamotte Detroit, MI</i>			Court Claim Number: _____ (If known)
Telephone number: 734-444-4178 email: <i>Get-Cah@yahoo.com</i>			Filed on: _____
Name and address where payment should be sent (if different from above):			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____			<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <i>4,691.04</i>			FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. <b>KURTZMAN CARSON CONSULTANTS</b>			
2. Basis for Claim: <i>forced 10% wage cut Reseved Sick, swing Holidays, Election day -</i> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <i>3846</i>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$ _____	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		\$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small> <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Joseph Fields</i> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____		 <small>(Signature)</small> <span style="float: right;"><i>2-21-14</i></span> <small>(Date)</small>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment



B10 (Official Form 10) (04/13) (Modified)

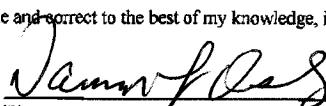
UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FEB 20 2014</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>KATHY LYNN McCASKILL</i>			
Name and address where notices should be sent: <i>KATHY LYNN McCASKILL 7361 E Kbie Detroit, MI 48213</i>		COURT'S PROOF OF CLAIM <input type="checkbox"/> Check this box if this claim amends a previously filed claim. M. Eastern District	
Telephone number: <i>3135162444</i> email: _____		Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <b>RECEIVED</b>	
1. Amount of Claim as of Date Case Filed: <i>\$ 17,000</i>		<b>FEB 24 2014</b>	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
<i>Conus VACATION Days (6) Reserved Sick Days, 210 hrs, longevity, Annuity, election day, Veterans day, 2. Basis for Claim: (See instruction #2) Shift Premiums, monthly SICK DAYS, SWING Holidays, Mileage.</i>			
3. Last four digits of any number by which creditor identifies debtor: <i>3846</i>		3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____. \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <small>(See Bankruptcy Rule 3004.)</small> <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Kathy Lynn McCaskill</i> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____		<small>(Signature)</small> <i>Kathy Lynn McCaskill 20 February 14</i> <small>(Date)</small>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>City of Detroit</i>			
Name and address where notices should be sent: <i>Damon L. Osley 19306 Ilene Detroit, MI 48221 Telephone number: (313) 778-8160 email: Osley2@yahoo.com</i>			<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where payment should be sent (if different from above): <i>Damon L. Osley 19306 Ilene Detroit, MI 48221 Telephone number: (313) 778-8160 email:</i>			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
			<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <u>6,000</u>			FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>10% back wages from 8-6-12 - 4-18-13</u> (See instruction #2)			KURTZMAN CARSON CONSULTANTS
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:			
Value of Property: \$ _____		Amount of Secured Claim: _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted.") DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <small>(See Bankruptcy Rule 3004.)</small>			
<input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: _____		<i>Damon L. Osley</i>	
Title: _____		2-19-14	
Company: _____		(Signature) _____	
Address and telephone number (if different from notice address above): _____ _____ _____		(Date) _____	
Telephone number: _____ email: _____			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	RECEIVED COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):			
Name and address where notices should be sent:  Damon Osley 19306 Ilene Detroit MI 48221 Telephone number (313) 778-8160 email: Osley.sr@yahoo.com		FEB 24 2014	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where payment should be sent (if different from above):  Damon Osley 19306 Ilene Telephone number (313) 778-8160 email: Osley.sr@yahoo.com			Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above):  Damon Osley 19306 Ilene Telephone number (313) 778-8160 email: Osley.sr@yahoo.com			Filed on: 04 FEB 21 2014
1. Amount of Claim as of Date Case Filed: \$ 1050		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		2014 BANKRUPTCY COURT MICHIGAN - DETROIT 23	
2. Basis for Claim: Lognity the past 3 yrs. = 1050 (See instruction #2)		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
3. Last four digits of any number by which creditor identifies debtor:		4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____		Basis for perfection: _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of Secured Claim: \$ _____	
Amount Unsecured: \$ _____		5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____	
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____		(Signature)  2-19-14 (Date)	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	FILED CHARTER PROOF OF CLAIM <b>FEB 21 2014</b> US Bankruptcy Court Michigan District
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property):  <i>ANTONIO D. RATIREE</i>	
Name and address where notices should be sent:  <i>ANTONIO D. RATIREE 5085 FISCHER DETROIT MI 48213 313-629-5970</i>		Telephone number: _____ email: <i>Ratman 897@gmail.com</i>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):  _____		Telephone number: _____ email: _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>300,000</u>		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>UNLAWFUL PAY CUT, NO HAZARD PAY, NO COLA, LOSS OF LONGEVITY, LOST HOLIDAY PAY (See instruction #2) ANNUITY CONTRIBUTIONS, LOST RESERVE SICK TIME, NO STEP INCREASES</u>			
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____. \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small> <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <u>Antonio D. Ratiree</u>		(Signature) <u>Antonio D. Ratiree</u> 2-17-14 (Date)	
Title: _____			
Company: _____			
Address and telephone number (if different from notice address above): _____ _____			
Telephone number: _____ email: _____			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER PROOF OF CLAIM <i>FILED</i>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	2014 FEB 21 A.D. 21 U.S. COURTS ONLY MICHIGAN-DETROIT
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Toni Keisha Marie Baldwin</i>	
Name and address where notices should be sent: <i>P.O. Box 3516 Southfield MI 48037 (313)520-4652</i>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Telephone number: <i>(313)520-4652</i> Email: _____		Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above): <i>(313)520-4652</i>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: <i>(313)520-4652</i>		<b>RECEIVED</b>	
1. Amount of Claim as of Date Case Filed: \$ <u>10,000.00</u>		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>10% cut, 10% cut on overtime, longevity</u> (See instruction #2)		KURTZMAN CARSON CONSULTANTS	
3. Last four digits of any number by which creditor identifies debtor: <u>1012</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Toni K. Baldwin</u> Title: <u>Water System Helper</u> Company: <u>Water and Sewerage Detroit</u> Address and telephone number (if different from notice address above): _____			
Telephone number: _____		Email: _____	
Signature: <u>Toni Baldwin</u> (Signature) <u>2/18/14</u> (Date)			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		FILED CHAPTER PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		FEB 20 2014 U.S. Bankruptcy Court MI Eastern District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property):  CTIS Butler				<input type="checkbox"/> Check this box if this is a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  <b>Filed on:</b> _____  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving notice.
Name and address where notices should be sent:  CTIS Butler 8233 MIDDLEPORT DETROIT MI 48204 Telephone number: 313 244 4895 Email: CTIS 6 642 6 Gmail.com				
Name and address where payment should be sent (if different from above):  Telephone number: _____ Email: _____				<b>RECEIVED</b>  <b>FEB 24 2014</b>  <b>KURTZMAN CARSON CONSULTANTS</b>
1. Amount of Claim as of Date Case Filed: \$ 4017.92				
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.				
2. Basis for Claim: <i>FORCED 10% cut cuts to RESERVED sick, SWING Holiday (See instruction #2) ELECTED DAY longevity, &amp; Anxiety FREEZE</i>				<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  <b>Basis for perfection:</b> _____
3. Last four digits of any number by which creditor identifies debtor: _____				
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____				
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____				
6b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____				
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. <b>ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>CTIS Butler</u> Title: <u>WATER SYS REPAIR MAN</u> Company: <u>DETSA</u> Address and telephone number (if different from notice address above): _____				
Telephone number: _____		email: _____		(Signature) <u>LL</u> (Date) <u>2-20-14</u>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 20 2014  COURT USE ONLY U.S. Bankruptcy Court MI Eastern District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Andre R. Canty</i>	
Name and address where notices should be sent: <i>31410 John R Road Apt. 109 Madison Heights, MI 48071</i>		RECEIVED FEB 24 2014	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: <i>(248) 597-0784</i> email: <i>KURTZMAN CARSON CONSULTANTS</i>		Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above): <i>31410 John R Road Apt. 109 Madison Heights, MI 48071</i>		Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: <i>(248) 597-0784</i> email: <i></i>			
<p>1. Amount of Claim as of Date Case Filed: \$ <i>Longevity 10% payout = 1992 X 10 Based on Rate of Pay from 8/6/12 thru 7/18/13. Swing Holidays for 2 yrs, X Rate of Pay. \$37,406 X .079</i></p> <p>If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>			
<p>2. Basis for Claim: <i>Longevity</i> (See instruction #2)</p>			
3. Last four digits of any number by which creditor identifies debtor: <i>0</i>		3a. Debtor may have scheduled account as: <i>Longevity</i> (See instruction #3a)	
<p>4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____</p>			
<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <i>10% payout = 1992 Hours</i></p> <p>Basis for perfection: <i>X 10% from 8/6/12 thru 7/18/13. Based on Rate of Pay.</i></p>			
<p>Amount of Secured Claim: \$ <i>Swing Holidays for 2 yrs X Rate of Pay.</i> Amount Unsecured: \$ <i>37,406 X .079</i></p>			
<p>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ <i>37,406 X .079</i></p>			
<p>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____</p>			
<p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p>			
<p>7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted") DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:</p>			
<p>8. Signature: (See instruction # 8) Check the appropriate box.</p>			
<p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)</p>			
<p>I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Andre R. Canty</i> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____</p>			
Telephone number: _____ email: _____		<p><i>Andre R. Canty</i> 2/20/14 (Signature) (Date)</p>	

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years.*

13-53846-tjt Doc 11102-1 Filed 04/21/16 Entered 04/21/16 12:31:19



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		CHAPTER 7 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		2014 FEB 20 A 10:23 U.S. COURTS ONLY COURT DETROIT
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Patrick H Chlostka</i>				
Name and address where notices should be sent: <i>Patrick H Chlostka 26023 Kathy Rosenville mi 48066</i>				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: 313 4582805 email:				Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above):				Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving notice.
Telephone number: _____ email: _____				<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <u>3818.20</u>				FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.				
2. Basis for Claim: _____ (See instruction #2)				
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.				
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____				
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____				
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent, <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Patrick H Chlostka</u> Title: <u>Water System mech</u> Company: <u>DWSD</u> Address and telephone number (if different from notice address above): <u>26023 Kathy Rosenville mi 48066</u>				
Telephone number: 313 4582805 email: _____				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.				

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FEB 20 2014</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Vetonia Dorch</i>			COURT USE ONLY This is a continuation of a previous filing. MI Eastern District
Name and address where notices should be sent: <i>Vetonia Dorch 16152 Carriage Trade Ln. Southfield, Mi. 48075</i>			Court Claim Number: _____ (If known)
Telephone number: (313) 721-7745 email: <i>Dorch54@gmail.com</i>			Filed on: _____
Name and address where payment should be sent (if different from above):			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving notice.
Telephone number: _____ email: _____			<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <i>5903.12</i>		<b>FEB 24 2014</b>	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <i>Forced 10% reduction in pay, Swing Holiday, Election day, Reserved sick (See instruction #2) Annuity freeze on raises.</i>		<b>KURTZMANCARSONCONSULTANTS</b>	
3. Last four digits of any number by which creditor identifies debtor: <i>3846</i>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <i>Vetonia Dorch</i>		Title: _____	
Company: _____		Address and telephone number (if different from notice address above): _____	
Telephone number: _____ email: _____		<i>Vetonia Dorch</i> <small>(Signature)</small> <i>2-20-2014</i> <small>(Date)</small>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>FILED</b> FEB 21 2014 U.S. Bankruptcy Court MI Eastern District
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>RECEIVED</b> FEB 24 2014 KURTZMAN CARSON CONSULTANT
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):  Kahlil Felder			
Name and address where notices should be sent:  Kahlil Felder 20237 MACKAY		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Telephone number (313)624-7293 email: Kahlil.Felder@yahoo.com		Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: _____ email: _____			
1. Amount of Claim as of Date Case Filed: \$ 7,500.00			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: Forced 10% reduction, Swing Holiday hrs taken, Election day, Reserve Sick, Annuity Freeze & Raise (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 3846		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$ _____	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		\$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: Kahlil Felder		(Signature) Kahlil Felder	
Title: Water System Helper		(Date) 02/20/2014	
Company: DWS			
Address and telephone number (if different from notice address above): _____ _____ _____			
Telephone number: _____ email: _____			

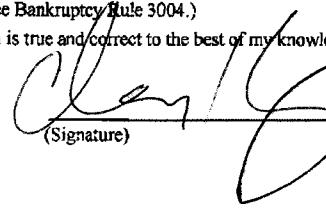
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>DARIS HOWARD</b>			
Name and address where notices should be sent: <b>DARIS HOWARD 2204 Hyde Park DETROIT MI 48207</b> Telephone number: <b>(313)392-0122</b> email: <b></b>			<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: <b>13-53846</b> (If known)
Name and address where payment should be sent (if different from above): <b>DARIS HOWARD 2204 Hyde Park DETROIT MI 48207</b> Telephone number: <b>(313)392-0122</b> email: <b></b>			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <b>\$ 10,000</b>		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <b>10% CUT IN ANNUAL PAY - LONGEVITY PAY 3 yrs</b> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <b>7207</b>		3a. Debtor may have scheduled account as: <b>2011</b> (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: <b>2011</b> <b>2011</b>	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: <b></b>		Basis for perfection: <b>2011</b>	
Value of Property: <b>\$ 10,000</b>		Amount of Secured Claim: <b>\$ 10,000</b>	
Annual Interest Rate (when case was filed) <b>%</b> <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: <b>\$ 0.00</b>	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). <b>\$ 10,000</b>			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § <b>10.000</b>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: <b></b>			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <small>(See Bankruptcy Rule 3004.)</small>			
<input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <b>DARIS HOWARD</b> Title: <b>SW &amp; D - MAINT-REPAIR</b> Company: <b>SW &amp; D - MAINT-REPAIR</b> Address and telephone number (if different from notice address above): <b>2204 Hyde Park (313) 392-0122 HOME</b> Telephone number: <b></b> email: <b></b>			
(Signature) <b>Darlis Howard</b> (Date) <b>2-14-14</b>			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 7 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 21 2014  U.S. Bankruptcy Court Michigan Eastern District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Charles Huskey</i>			
Name and address where notices should be sent: <i>Charles Huskey 10605 BEACONSFIELD DET. MI</i>			<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: 313 527-5545 email:			Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): <i>10605 BEACONSFIELD</i>			Filed on: _____
Telephone number: 313 527-5545 email:			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>4,800</u>		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>longevity, to pay Reductio, clothing allowance etc.</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
6b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction #8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <small>(See Bankruptcy Rule 3004.)</small>			
<input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <u>Charles Huskey</u>		(Signature) 	
Title: <u>WATER ST REPAIR</u>		2/16/14 (Date)	
Company: <u>None</u>			
Address and telephone number (if different from notice address above): _____ _____			
Telephone number: _____ email: _____			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.





B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	SEARCHED INDEXED FILED FEB 21 2014 U.S. BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 21 2014
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Ronnie Jordan II</i>		Name and address where notices should be sent: <i>Ronnie Jordan II 18939 Brinken St. Dct, MI 48231</i>	
Telephone number: _____ email: _____		Name and address where payment should be sent (if different from above): <i>SAME</i>	
Telephone number: _____ email: _____		Check this box if this case is a continuation of a previously filed claim. <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <input type="checkbox"/>	
1. Amount of Claim as of Date Case Filed: \$ <u>5500</u>		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>10% pay cut, No step increase</u> (See instruction #2)		KURTZMAN CARSON CONSULTANTS	
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Ronnie Jordan II</i> Title: _____ Company: <i>DEISD</i> Address and telephone number (if different from notice address above): <i>2131696278</i>			
Telephone number: _____ email: _____		(Signature) <i>Ronnie Jordan II</i> (Date) <i>2-21-14</i>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>FILED</b> CHAPTER 11 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FEB 20 2014</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Ronald Lephemt</i>			US BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN
Name and address where notices should be sent: <i>8335 Charlevoix Detroit, Mich 48238</i>			
Telephone number: <i>213-758-8852</i>	email: <i>lephemt@rouncl@yahoo.com</i>		Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above): <i>SP and</i>			Filed on: _____
Telephone number: _____	email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement of rights.
1. Amount of Claim as of Date Case Filed: \$ <i>6,000</i>		<b>RECEIVED</b> <b>FEB 24 2014</b>	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <i>Forced 10% wage cut Reserved Sick, Sick, Holiday (See instruction #2)</i>			
3. Last four digits of any number by which creditor identifies debtor: <i>3846</i>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____		Basis for perfection: _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of Secured Claim: \$ _____	
Amount Unsecured: \$ _____		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
6b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <i>Ronald Lephemt</i>		(Signature) <i>Ronald Lephemt</i> <i>212012014</i>	
Title: <i>WATER SYSTEM SR Mechanic</i>		(Date)	
Company: <i>WATER SYSTEMS DEPT</i>			
Address and telephone number (if different from notice address above): <i>6925 Harbor</i>			
Telephone number <i>313-267-1258</i> email: _____			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		CHAPTER 9 <b>FILLED</b> PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>KANARO D MCCLAIN</b>				2014 FEB 21 A 10:39
Name and address where notices should be sent: <b>KANARO MCCLAIN 20061 Cherry Aw. #1 DETROIT MI 48231</b>				U.S. BANKRUPTCY COURT E.D. MICHIGAN-DETROIT Court Claim Number: _____ (If known)
Telephone number: (313) 205-6770 email:				Filed on: _____
Name and address where payment should be sent (if different from above):				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____				<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <u>30,000</u>				FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.				
2. Basis for Claim: <u>Setoff 10% Pay cut, Longevity, Annuity</u> (See instruction #2)				
3. Last four digits of any number by which creditor identifies debtor: <u>3546</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed): <u>0%</u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____				
6b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____				
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>KANARO MCCLAIN</u> Title: <u>Water System Department CEO</u> Company: <u>Detroit Water Sewerage Dept.</u> Address and telephone number (if different from notice address above): _____				
Telephone number: _____ email: _____		(Signature) <u>Kanarо MCCLAIN</u> (Date) <u>2-18-14</u>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		FEB 20 2014 COURT USE ONLY US Bankruptcy Court MI Eastern District Court Claim Number: _____ (If known)
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>JAJUAN MOORE</b>				
Name and address where notices should be sent: <b>JAJUAN MOORE</b> 3873 Rohns Detroit MI 48214 (313) 424-0087				<input type="checkbox"/> Check this box if this claim amends a previously filed claim. <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: <b>KnightDom310@yahoo.com</b>				Filed on: _____
Name and address where payment should be sent (if different from above): _____				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____				<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: <b>\$ 50,000</b>				FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement giving particulars.				
2. Basis for Claim: <b>See ATTACHMENT</b> (See instruction #2)				
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____				
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____				
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <b>JAJUAN MOORE</b> Title: <b>SP4</b> Company: <b>CITY OF DETROIT MI</b> Address and telephone number (if different from notice address above): <b>3873 Rohns Detroit MI 48214</b> <b>313-424-0087</b> <b>KnightDom310@yahoo.com</b> Telephone number: _____ email: _____				
<b>JAJUAN MOORE</b> <b>2-14-2014</b> (Signature) (Date)				

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

My Basis of claim is Breach of contract  
With the city of Detroit.

- 1.) The unjust 10% paycut since August 6, 2012
- 2.) My Step Increases that I was suppose to get when I first start with the city.
- 3.) Shift Premiums
- 4.) Holiday PAY
- 5.) Hazzard PAY
6. COLA PAY.
- 7.) Penigaw AND Annuitys
- 8) Mental stress

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		<b>CHAPTER 9 PROOF OF CLAIM</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		<b>2014 FEB 21 A 10:20</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Gerald Murphy</i>				U. S. COURTS USE ONLY <i>DETROIT</i>
Name and address where notices should be sent: <i>Gerald Murphy</i> 2280 E. Remington				
Telephone number: 313-658-5117 email:				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where payment should be sent (if different from above): <i>Gerald Murphy</i> 2280 E. Remington				<b>Court Claim Number:</b> _____ (If known)
Telephone number: 313-658-5117 email:				Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ <u>13,937.46</u>				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.				<b>RECEIVED</b>
2. Basis for Claim: <u>10% cut, Step Increases, Out of class pay, longevity</u> (See instruction #2)				<b>KURTZMAN CARSON CONSULTANTS</b>
3. Last four digits of any number by which creditor identifies debtor: <u>8102</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$ _____		
6b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		\$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Gerald Murphy</u> Title: <u>Water System Reclaimworker</u> Company: <u>City of Detroit Water + Sewage Dept</u> Address and telephone number (if different from notice address above): _____ (Signature) <u>Gerald Murphy</u> (Date) <u>2/18/14</u>				
Telephone number: _____ email: _____				

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN		CHAPTER 9 PROOF OF CLAIM <b>FILED</b> <b>FEB 21 2014</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Craig D. Steele</i>				
Name and address where notices should be sent: <i>27301 Cranford Lane Dearborn mich 48127</i>				
Telephone number: <i>(313) 208-0695</i> email: _____				
Name and address where payment should be sent (if different from above): <i>Craig D. Steele 27301 Cranford Lane Dearborn mich 48127</i>				
Telephone number: <i>(313) 208-0695</i> email: _____				
1. Amount of Claim as of Date Case Filed: \$ <u>12,100.00</u>		FEB 24 2014		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.				
2. Basis for Claim: <i>10% cut wage and longevity</i> (See instruction #2)		KURTZMAN CARSON CONSULTANTS		
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2)		\$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____		\$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____				
8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Craig D. Steele</i> Title: <i>Water Systems Repairman</i> Company: <i>City of Detroit Water &amp; Sewerage Dept</i> Address and telephone number (if different from notice address above): <i>27301 Cranford Lane Dearborn mich 48127 (313) 208-0695</i>				
Telephone number: _____ email: _____		(Signature) <i>Craig D. Steele</i> (Date) <i>21/12014</i>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 7 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FILED</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>ENOS Philip WALKER</b>			
Name and address where notices should be sent: <b>ENOS Philip WALKER</b> <b>3717 Chatsworth</b> <b>DETROIT, MI 48224</b>		U.S. Bankruptcy Court MI Eastern District	
Telephone number: (313)293-1119 email: <b>ENOSWALKER41@gmail.com</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Name and address where payment should be sent (if different from above): <b>ENOS Philip WALKER</b> <b>3717 Chatsworth</b> <b>DETROIT, MI 48224</b>		Court Claim Number: _____ (If known)	
Telephone number: (313)293-1119 email: <b>ENOSWALKER41@gmail.com</b>		Filed on: _____	
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.			
<b>RECEIVED</b>			
FEB 21 2014			
1. Amount of Claim as of Date Case Filed: \$ _____			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement.			
<b>KURTZMAN CARSON CONSULTANTS</b>			
2. Basis for Claim: <b>fixed 10% reduction in PAY for SWING Holiday 24hr, my rate of pay (See instruction #2) Election Day 8 hrs, RESERVED Sick Bank 40 hrs, Bonus Vac. Days 5, Annuity Freeze.</b>			
3. Last four digits of any number by which creditor identifies debtor: <b>3846</b>			
3a. Debtor may have scheduled account as: _____ (See instruction #3a)			
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____			
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____			
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <b>ENOS Philip WALKER</b> Title: <b>WATER SYSTEMS SR. MECHANIC</b> Company: <b>CITY OF DETROIT, WATER DEPT.</b> Address and telephone number (if different from notice address above): _____			
Telephone number: _____		(Signature) <b>ENOS P. Walker</b> (Date) <b>2/20/14</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		<b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		<b>FEB 20 2014</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Kevin Washington</b>				US Bankruptcy Court Michigan Eastern District
Name and address where notices should be sent: <b>20437 Bramford Detroit MI 48234</b>				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: <b>248-470-4316</b> email: <b>KDee27017@gmail.com</b>				Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above):				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving notice.
Telephone number: _____ email: _____				<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: <b>\$ 4,437.92</b>				<b>FEB 24 2014</b>
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.				
2. Basis for Claim: <b>Withholding of Income 10% Reserved Sick, Holiday (See instruction #2) Vacation Day, Anniversary, Longevity</b>				<b>KURTZMANCARSONCONSULTANTS</b>
3. Last four digits of any number by which creditor identifies debtor: <b>2221</b>				3a. Debtor may have scheduled account as: _____ (See instruction #3a)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.				
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____				Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____				Basis for perfection: _____
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable				Amount of Secured Claim: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).				Amount Unsecured: \$ _____
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____				\$ _____
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <b>Kevin Washington</b> Title: <b>WST</b> Company: <b>DWSD</b> Address and telephone number (if different from notice address above): _____				
Telephone number: _____ email: _____				(Signature) <b>Kevin Washington</b> (Date) <b>2-20-2014</b>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

**FILED**  
CHAPTER 9  
PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>FEB 21 2014</b> <b>US Bankruptcy Court</b> <b>MICHIGAN DISTRICT</b> <input type="checkbox"/> Check this box if the debtor has a previously filed claim. <b>Court Claim Number:</b> _____ <b>(If known)</b> <b>Filed on:</b> _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <b>RECEIVED</b>
Name of Debtor: City of Detroit, Michigan <small>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.</small>		Case Number: 13-53846	
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Wanda Beckom</b>			
Name and address where notices should be sent: <b>Wanda Beckom</b> <b>19194 Cardoni</b> <b>Detroit, Mi 48203</b>			
Telephone number: (313)285-7398 email: <b>wanda.beckom@yahoo.com</b> Name and address where payment should be sent (if different from above): <b>Wanda Beckom</b> <b>19194 Cardoni</b> <b>Detroit, Mi 48203</b> Telephone number: (313)285-7398 email: <b>wanda.beckom@yahoo.com</b>			
1. Amount of Claim as of Date Case Filed: <b>\$ 22,054.80</b>		<b>FEB 24 2014</b> <b>KURTZMAN CARSON CONSULTANTS</b>	
<small>If all or part of the claim is secured, complete item 4.</small> <small>If all or part of the claim is entitled to priority, complete item 5.</small> <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <b>10% Wage cut and longevity and Annuity city match</b> <small>(See instruction #2)</small>			
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>	
4. Secured Claim (See instruction #4) <small>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</small>		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
<small>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</small> <small>Describe:</small> Value of Property: \$ _____		<small>Basis for perfection: _____</small> Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. <small>ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</small> <small>If the documents are not available, please explain:</small>			
8. Signature: (See instruction # 8) <small>Check the appropriate box.</small>			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
<small>I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.</small> Print Name: <b>Wanda Beckom</b> <b>Wanda L. Beckom</b> Title: <b>Water System Helper</b> <b>2-21-2014</b> Company: <b>City of Detroit, Water &amp; Sewerage Dept.</b> Address and telephone number (if different from notice address above): <b>19194 Cardoni</b> <b>(Signature)</b> <b>(Date)</b> <b>Detroit, Mi 48203</b> <b>(313)285-7398</b> <b>wanda.beckom@yahoo.com</b> Telephone number: <b>email:</b>			

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	COURT USE ONLY U.S. Bankruptcy Court MI Eastern District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Eddie Greer</i>	
Name and address where notices should be sent: <i>Eddie D. Greer</i> 9438 QUEEN DET MICH 48213		Court Claim Number: _____ (If known)	
Telephone number: 317-366-2124 email: _____		Filed on: _____	
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed: \$1,560,000		<b>RECEIVED</b>	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <i>Previous / Present / Setoff / Lien / Contract</i> (See instruction #2)		3. Debtor may have scheduled account as: _____ (See instruction #3a)	
3. Last four digits of any number by which creditor identifies debtor: #4967		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Basis for perfection: _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of Secured Claim: \$ _____	
Value of Property: \$ _____		Amount Unsecured: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____		6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)	
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <i>Eddie Donald Greer</i>		(Signature) <i>Eddie Greer 2-21-14</i> (Date)	
Title: _____			
Company: _____			
Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment

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B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		FILED CHAPTER PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		FEB 21 2014  US Bankruptcy Court Michigan Eastern District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Shelia L. Bell</i>				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where notices should be sent:  <i>Shelia L. Bell 17378 Five Points Detroit, MI 48240</i> Telephone number: <i>313 478 2381</i> /email: <i>mstazzee@yahoo.com</i>				
Name and address where payment should be sent (if different from above):				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number:		email:		RECEIVED
1. Amount of Claim as of Date Case Filed:		\$ <u>250,00</u>		FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach				
2. Basis for Claim: <u>Longevity</u> (See instruction #2)				
3. Last four digits of any number by which creditor identifies debtor: <i>55# 2881</i>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____				
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____				
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Shelia L. Bell</u> Title: <u>DARE</u> Company: <u>Detroit DOT</u> Address and telephone number (if different from notice address above): _____				
Telephone number:		email:		<i>Shelia L. Bell 2/20/14</i> (Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

- H. The above shall be in accordance with Chapter 13, Article 5, Section 2 of the Municipal Code of the City of Detroit except as modified by this Article.
- I. The City shall provide upon request monthly reports on sick leave usage by department.

## 25. LONGEVITY PAY

- A. Employees shall qualify for longevity pay as follows:
  1. Employees may qualify for the first step of longevity pay, provided they have served as City employees for an accumulated period of five (5) years.
  2. Employees may qualify for the second step of longevity pay, inclusive of the first step provided they have served as City employees for an accumulated period of eleven (11) years.
  3. Employees may qualify for the third step of longevity pay, inclusive of the first and second steps, provided they have served as City employees for an accumulated period of sixteen (16) years.
  4. Employees may qualify for the fourth step of longevity pay, inclusive of the first, second and third steps, provided they have served as City employees for an accumulated period of twenty-one (21) years.
  5. Employees may qualify for the fifth step of longevity pay, inclusive of the first, second, third and fourth steps, provided they have served as City employees for an accumulated period of twenty-six (26) years.
  6. The first step of longevity increment shall be one hundred and fifty dollars (\$150). The second step of longevity increment inclusive of the first step, shall be three hundred dollars (\$300). The third step of longevity increment, inclusive of the first and second steps, shall be four hundred and fifty dollars (\$450). The fourth step of longevity increment, inclusive of the first, second and third steps, shall be six hundred dollars (\$600). The fifth step of longevity increment, inclusive of the first, second, third and fourth steps, shall be seven hundred and fifty dollars (\$750).
- B. Employees who have qualified for longevity pay and have accumulated at least eighteen hundred (1800) hours of straight time regular payroll hours of paid time during the year immediately preceding any December 1 date or other day of payment will qualify for a full longevity payment provided they are on the payroll on the December 1 date or any other date of qualification. Except for employees first qualifying for increments, the payment will be made in a lump sum annually on the first pay date after December 1<sup>st</sup>.  
No employee will be denied a full longevity payment on December 1<sup>st</sup> because of a temporary unpaid absence of twenty (20) continuous days or less extending through the December 1<sup>st</sup> date in question.

- C. Employees who first qualify for longevity pay increments in any month after any December 1<sup>st</sup> date shall be paid such increment on a pro-rata basis upon attaining such qualification in the amount of a full increment less one-twelfth (1/12) thereof for each calendar month or fraction thereof from the previous December 1<sup>st</sup> date to date of such qualification.
- D. Prorated longevity payments may be made between December 1 dates to qualified employees and officers who separate or take leave from City service, excluding those who are discharged, those who resign and those who resign with a vested pension. Such prorated longevity increment shall be paid for time served on a full calendar month basis since the date of their last longevity payment; provided, that each month shall contain at least 160 straight time regular payroll hours of service.
- E. All of the above provisions except as modified herein shall be in accordance with Chapter 13, Article 7 of the Municipal Code of the City of Detroit.

## **26. WORK WEEK, WORK DAY, SHIFT PREMIUM**

### **A. STANDARD SERVICE WEEK:**

- 1. The standard payroll work week shall begin at 12:01 a.m. Monday, and end at 12:00 p.m. Sunday. It shall consist of five (5) regularly scheduled eight (8) hour work periods on as many work days. The two (2) remaining days in the payroll work week shall be known as "off days."
- 2. The first scheduled "off day" within the payroll work week shall be designated as the "sixth day" and the second scheduled "off day" within the payroll work week shall be designated as the "seventh day." Off days in the work week shall be scheduled consecutively unless such scheduling shall adversely affect or add cost to operations of the department.
- 3. The City and the Union will review departmental work schedules which currently do not provide for consecutive off days. If the parties can agree that scheduling changes which allow for consecutive off days are feasible, such changes will be implemented, provided that such changes do not result in increased costs or loss of productivity.
- 4. The City and the Union will also review those departmental operations which currently require rotating shifts. If the parties can agree that a more productive schedule can be established without an increase in cost, the City will take the steps necessary to implement such schedules.
- 5. Employees will be allowed to submit shift preferences within locations for any new work schedules established pursuant to reviews made in accordance with Section A-3 and A-4.

### **B. SERVICE DAY AND WORK DAY:**

- 1. The regular full working day shall consist of eight (8) hours. It shall begin at 12:01 a.m., and extend to 12:00 p.m.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Dwayne A. Brown</i>			
Name and address where notices should be sent: <i>Dwayne A. Brown 9302 Appleton Redford, MI 48239</i>			
Telephone number: <i>313-717-4217</i> email: <i>dway659@gmail.com</i>			
Name and address where payment should be sent (if different from above):			
Telephone number:		email:	
1. Amount of Claim as of Date Case Filed: \$ <i>750.00</i>			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a			
2. Basis for Claim: <i>longevity paid</i> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <i>60853555#</i>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name: <i>Dwayne A. Brown</i> <i>2-17-14</i> Title: <i>Delivery Driver</i> <i>(Signature)</i> Company: <i>CITY OF DETROIT - Dept. of Transportation</i> <i>(Signature)</i> (Date) Address and telephone number (if different from notice address above): <i>13012 W. Warren</i> <i>Dearborn, MI 48207</i> <i>313-833-7110</i> <i>dway659@</i> Telephone number: <i>email:</i>			

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- H. The above shall be in accordance with Chapter 13, Article 5, Section 2 of the Municipal Code of the City of Detroit except as modified by this Article.
- I. The City shall provide upon request monthly reports on sick leave usage by department.

## **25. LONGEVITY PAY**

- A. Employees shall qualify for longevity pay as follows:
  1. Employees may qualify for the first step of longevity pay, provided they have served as City employees for an accumulated period of five (5) years.
  2. Employees may qualify for the second step of longevity pay, inclusive of the first step provided they have served as City employees for an accumulated period of eleven (11) years.
  3. Employees may qualify for the third step of longevity pay, inclusive of the first and second steps, provided they have served as City employees for an accumulated period of sixteen (16) years.
  4. Employees may qualify for the fourth step of longevity pay, inclusive of the first, second and third steps, provided they have served as City employees for an accumulated period of twenty-one (21) years.
  5. Employees may qualify for the fifth step of longevity pay, inclusive of the first, second, third and fourth steps, provided they have served as City employees for an accumulated period of twenty-six (26) years.
  6. The first step of longevity increment shall be one hundred and fifty dollars (\$150). The second step of longevity increment inclusive of the first step, shall be three hundred dollars (\$300). The third step of longevity increment, inclusive of the first and second steps, shall be four hundred and fifty dollars (\$450). The fourth step of longevity increment, inclusive of the first, second and third steps, shall be six hundred dollars (\$600). The fifth step of longevity increment, inclusive of the first, second, third and fourth steps, shall be seven hundred and fifty dollars (\$750).
- B. Employees who have qualified for longevity pay and have accumulated at least eighteen hundred (1800) hours of straight time regular payroll hours of paid time during the year immediately preceding any December 1 date or other day of payment will qualify for a full longevity payment provided they are on the payroll on the December 1 date or any other date of qualification. Except for employees first qualifying for increments, the payment will be made in a lump sum annually on the first pay date after December 1<sup>st</sup>.  
No employee will be denied a full longevity payment on December 1<sup>st</sup> because of a temporary unpaid absence of twenty (20) continuous days or less extending through the December 1<sup>st</sup> date in question.

- C. Employees who first qualify for longevity pay increments in any month after any December 1<sup>st</sup> date shall be paid such increment on a pro-rata basis upon attaining such qualification in the amount of a full increment less one-twelfth (1/12) thereof for each calendar month or fraction thereof from the previous December 1<sup>st</sup> date to date of such qualification.
- D. Prorated longevity payments may be made between December 1 dates to qualified employees and officers who separate or take leave from City service, excluding those who are discharged, those who resign and those who resign with a vested pension. Such prorated longevity increment shall be paid for time served on a full calendar month basis since the date of their last longevity payment; provided, that each month shall contain at least 160 straight time regular payroll hours of service.
- E. All of the above provisions except as modified herein shall be in accordance with Chapter 13, Article 7 of the Municipal Code of the City of Detroit.

## **26. WORK WEEK, WORK DAY, SHIFT PREMIUM**

### **A. STANDARD SERVICE WEEK:**

- 1. The standard payroll work week shall begin at 12:01 a.m. Monday, and end at 12:00 p.m. Sunday. It shall consist of five (5) regularly scheduled eight (8) hour work periods on as many work days. The two (2) remaining days in the payroll work week shall be known as "off days."
- 2. The first scheduled "off day" within the payroll work week shall be designated as the "sixth day" and the second scheduled "off day" within the payroll work week shall be designated as the "seventh day."

Off days in the work week shall be scheduled consecutively unless such scheduling shall adversely affect or add cost to operations of the department.

- 3. The City and the Union will review departmental work schedules which currently do not provide for consecutive off days. If the parties can agree that scheduling changes which allow for consecutive off days are feasible, such changes will be implemented, provided that such changes do not result in increased costs or loss of productivity.
- 4. The City and the Union will also review those departmental operations which currently require rotating shifts. If the parties can agree that a more productive schedule can be established without an increase in cost, the City will take the steps necessary to implement such schedules.
- 5. Employees will be allowed to submit shift preferences within locations for any new work schedules established pursuant to reviews made in accordance with Section A-3 and A-4.

### **B. SERVICE DAY AND WORK DAY:**

- 1. The regular full working day shall consist of eight (8) hours. It shall begin at 12:01 a.m., and extend to 12:00 p.m.

## B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 13 PROOF OF CLAIM <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 21 2014  U.S. COURT OF BANKRUPTCY Court Michigan Eastern District
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Benjamin J. Hogue JR.</i>			<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where notices should be sent:  <i>Benjamin J. Hogue JR. 19983 St. Aubin Street Detroit, MI 48234</i>			Court Claim Number: _____ (If known)
Telephone number: 313 842-3117 email: Steph421@comcast.net			Filed on: _____
Name and address where payment should be sent (if different from above):  <i>SAME AS ABOVE</i>			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____			<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <u>3,000</u>			FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Longevity</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <u>5171</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____		Basis for perfection: _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of Secured Claim: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		Amount Unsecured: \$ _____	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____		\$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <u>Benjamin J. Hogue JR.</u>		(Signature) <u>Benjamin J. Hogue JR.</u> (Date) <u>2/20/14</u>	
Title: <u>GENERAL AUTO MECHANIC (C-4M)</u>			
Company: <u>CITY OF DETROIT</u>			
Address and telephone number (if different from notice address above):  <i>SAME AS ABOVE</i>			
Telephone number: _____ email: _____			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for



## B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FILED</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>DENISE WILLIAMS</i>			
Name and address where notices should be sent: <i>DENISE WILLIAMS 910 Seward Apt 310 DET MI 48202</i>		Check this box if this claim amends a previously filed claim. <input type="checkbox"/> U.S. Bankruptcy Court Court Claim Number: _____ (If known) MI Eastern District	
Telephone number: 313-478-2491 email: _____		Filed on: _____	
Name and address where payment should be sent (if different from above): <i>DENISE WILLIAMS 910 Seward Apt 310 DET MI 48202</i>		Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <input type="checkbox"/>	
Telephone number: 313-478-2491 email: _____		<b>RECEIVED</b>	
1. Amount of Claim as of Date Case Filed: <u>\$30,000.00</u>			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach			
2. Basis for Claim: <u>1090 PAY CUT</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <u>4997</u>		3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____		Basis for perfection: _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction #8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <u>DENISE WILLIAMS</u>		(Signature) <u>Denise Williams</u> <u>2/20/14</u>	
Title: <u>SUPERVISOR</u>		(Date)	
Company: <u>CITY OF DETROIT</u>			
Address and telephone number (if different from notice address above): _____ _____ _____			
Telephone number: _____ email: _____			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM <b>FILED</b>
Name of Debtor: <u>City of Detroit, Michigan</u>		Case Number: <u>13-53846</u>	FEB 20 2014 COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>MICHAEL COOPER</u>		<input type="checkbox"/> Check this box if this claim amends a previous filing. <b>US Bankruptcy Court</b> <b>MI Eastern District</b> Court Claim Number: _____ (if known)	
Name and address where notices should be sent: <u>MICHAEL COOPER</u> <u>1045 EAST WOODWARD HEIGHTS BLVD APT 305</u> <u>HAZEL PARK, MI 48030</u>		Telephone number: <u>313 468-0042</u> email: <u>COOPERMM@DETROIT.MI.GOV</u>	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of _____.	
Telephone number: _____ email: _____		RECEIVED	
1. Amount of Claim as of Date Case Filed: <u>\$ 450.00</u>		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.			
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach _____.			
2. Basis for Claim: <u>LONGEVITY PAY</u> (See instruction #2)		KURTZMAN CARSON CONSULTANTS	
3. Last four digits of any number by which creditor identifies debtor: <u>3468</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: <u>\$ _____</u>	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: <u>\$ _____</u>		Amount of Secured Claim: <u>\$ _____</u>	
Annual Interest Rate (when case was filed) <u>%</u> <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: <u>\$ _____</u>	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		<u>\$ _____</u>	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. <u>§ _____</u>		<u>\$ _____</u>	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
<b>7. Documents:</b> Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. <b>ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain: _____			
<b>8. Signature:</b> (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <u>MICHAEL COOPER</u>		Signature: <u>Michael Cooper 2-20-14</u>	
Title: <u>SUPERVISOR MPD</u>		(Signature) (Date)	
Company: <u>CITY OF DETROIT</u>			
Address and telephone number (if different from notice address above): _____ _____ _____			
Telephone number: _____ email: _____			

***Penalty for presenting fraudulent claim.*** Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

and correct to the best of my knowledge, information, and reasonable belief.

Michael Cooper 2-20-14  
(Signature) (Date)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: MICHAEL COOPER

Title: SUPERVISOR MPI

Company: CITY OF DETROIT

Address and telephone number (if different from notice address above):

---

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

**Penalty for presenting fraudulent claim:** Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 6152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

## UNITED STATES BANKRUPTCY COURT

## EASTERN DISTRICT of MICHIGAN

Name of Debtor: City of Detroit, Michigan

Case Number: 13-53846

CHAPTER 9  
PROOF OF CLAIM  
**FILED**

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

HARRIET A. COOK

Name and address where notices should be sent:

HARRIET A. COOK  
26305 W. 7 Mile Rd #102  
Redford, MI. 48240(313) 617-3554  
CookH@detroit.mi.gov

Telephone number:

email:

Name and address where payment should be sent (if different from above):

Telephone number:

email:

1. Amount of Claim as of Date Case Filed: \$ 1800.00

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

 Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement giving particulars.U.S. Bankruptcy Court  
Michigan Eastern District  
Check this box if this claim amends a previously filed claim.Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

 Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.**RECEIVED**

FEB 24 2014

KURTZMAN CARSON CONSULTANTS

2. Basis for Claim: Longevity for 3 years  
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a)

4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ \_\_\_\_\_

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other  
Describe:

Basis for perfection: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) %  Fixed or  Variable

Amount Unsecured: \$ \_\_\_\_\_

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ \_\_\_\_\_

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ \_\_\_\_\_

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:

8. Signature: (See instruction #8)  
Check the appropriate box. I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent.  I am a guarantor, surety, indorser, or other codebtor.  
(See Bankruptcy Rule 3005.)I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.  
Print Name: HARRIET A. COOK  
Title: Parking Enforcement Officer Supervisor  
Company: Municipal Parking City of Detroit

Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT of MICHIGAN

Name of Debtor: City of Detroit, Michigan

Case Number: 13-53846

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

HARRIET A. COOK

Name and address where notices should be sent:

HARRIET A. COOK  
26325 W. 7 Mile Rd #102  
Redford, MI 48240(313) 617-3551  
CookH@deteltoni.gov

Telephone number:

email:

Name and address where payment should be sent (if different from above):

Telephone number:

email:

1. Amount of Claim as of Date Case Filed:

\$ 30,000.00

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

 Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement relating to this claim. Attach copy of statement.2. Basis for Claim: 10% cut in Pay for ten years  
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:  
(See instruction #3a)

4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:

\$ \_\_\_\_\_

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other

Describe: \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Describe:

Value of Property: \$ \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) %  Fixed or  Variable

Amount Unsecured: \$ \_\_\_\_\_

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2): \$ \_\_\_\_\_

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § \_\_\_\_\_ \$ \_\_\_\_\_

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

 I am the creditor.  I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor.  
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: HARRIET A. COOK

Title: Parking Enforcement Office Supervisor

Company: Municipal Parking, City of Detroit

Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

CHAPTER 9  
PROOF OF CLAIM  
**FILED**

FEB 20 2014

COURT USE ONLY

 Check this box if this claim amends a previous claim filed by this creditor in this bankruptcy Court. Case Claim Number: \_\_\_\_\_ (If known)

Filed on: \_\_\_\_\_

 Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement.

RECEIVED

FEB 24 2014

KURTZMAN CARSON CONSULTANTS



13-53846-tjt Doc 11102-1 Filed 04/21/16 Entered 04/21/16 11:24:19 Page 5 of 11

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT of MICHIGAN

Name of Debtor: City of Detroit, Michigan

Case Number: 13-53846

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:

ALTHEA F PHILLIPS

4218 MONTEREY ST

DET. MI 48204

Telephone number:

email:

Name and address where payment should be sent (if different from above):

KURTZMAN CARSON CONSULTANTS

CHAPTER 9  
PROOF OF CLAIM  
**FILED**

FEB 20 2014

COURT USE ONLY

 Check this box if this claim amends a previously filed claim.US Bankruptcy Court  
Court Claim Number  
(If known) M Eastern District

Filed on:

 Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

Telephone number:

email:

1. Amount of Claim as of Date Case Filed:

\$ 18,150

LOSS OF 10% WAGE &amp;

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

 Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim:

(See instruction #2) LOSS OF FINANCIAL INCOME

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:  
(See instruction #3a)

4. Secured Claim (See instruction #4)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other

Describe:

Value of Property: \$

Basis for perfection:

Amount of Secured Claim: \$

Amount Unsecured: \$

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2)

\$

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. §

\$

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

 I am the creditor.  I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent.  
(See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor.  
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name:

Title:

Company:

Address and telephone number (if different from notice address above):

Telephone number:

email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up

Althea F Phillips 2/20/14  
(Signature) (Date)

135384614022000000000517

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FILED</b> <i>FEB 20 2014</i>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Lucille Pasha</i>	
Name and address where notices should be sent:  <i>Lucille Pasha 18225 Oak Drive Detroit, MI 48221</i>		Telephone number: 3134343965 email: <i>lucillepasha@yahoo.com</i>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. US Bankruptcy Court Court Case Number: <i>MI Eastern District</i> Filed on: _____
Name and address where payment should be sent (if different from above):  <i>"Same"</i>		Telephone number: email: _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <i>10,500</i>		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement giving particulars. <b>KURTZMAN CARSON CONSULTANTS</b>			
2. Basis for Claim: <i>Health Care Reduction, SICK days; bonus vacation days</i> (See instruction #2)		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
3. Last four digits of any number by which creditor identifies debtor: <i>9839</i>		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Basis for perfection: _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of Secured Claim: \$ _____	
Value of Property: \$ _____		Amount Unsecured: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)	
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.  <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____		Signature: <i>Lucille Pasha</i> (Signature) <i>2-20-14</i> (Date)	

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	COURT USE ONLY Check this box if this claim amends a previously filed claim. US Bankruptcy Court MI Eastern District Court Claim Number: _____ (If known) Filed on: _____
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Lucille Pasha</i>	
Name and address where notices should be sent:  <i>Lucille Pasha 18225 OAK Drive Detroit, MI 48221</i>		Telephone number (313) 434-3965 email: <i>lucillepasha@yahoo.com</i>	
Name and address where payment should be sent (if different from above):  <i>"Same"</i>			
Telephone number:	email:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to the same or similar claims.	
1. Amount of Claim as of Date Case Filed: \$ <u>1,800</u>		FEB 20 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement of charges.			
2. Basis for Claim: <u>Longevity</u> (See instruction #2)		KURTZMAN CARSON CONSULTANTS	
3. Last four digits of any number by which creditor identifies debtor: <u>9839</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$ _____	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		\$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3005.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____		email: _____	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FILED</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Ronald Branam sr</i>			
Name and address where notices should be sent: <i>21951 Beverly St. oak park mi 48237</i>			
Telephone number: <i>313 971 1856</i> email: <i>robbrnraud.com</i>			
Name and address where payment should be sent (if different from above):			
Telephone number: _____ email: _____			
<p>1. Amount of Claim as of Date Case Filed: \$ <u>1150.00</u></p> <p>If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>			
<p>2. Basis for Claim: <u>non payment of longevity</u> (See instruction #2)</p>			
3. Last four digits of any number by which creditor identifies debtor: <u>3846</u>		3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____. \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
<p>7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:</p>			
<p>8. Signature: (See instruction # 8) Check the appropriate box.</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)</p>			
<p>I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.</p> <p>Print Name: <u>Ronald Branam sr</u> Title: <u>Creditor</u> Company: _____</p> <p>Address and telephone number (if different from notice address above): _____</p>			
<p>Telephone number: <u>53846-711</u> Email: <u>11102-1</u></p> <p><i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment.</i></p>		<p>(Signature) <u>Ronald Branam sr</u> (Date) <u>2-18-14</u></p>	

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		<b>FILED</b> CHAPTER 9 DO NOT FILE AGAIN
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		<b>FEB 21 2014</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Stephanie A. Hogue</i>				<b>US Bankruptcy Court</b> U.S. Bankruptcy Court, Eastern District of Michigan Check this box if you amend a previously filed claim.
Name and address where notices should be sent: <i>Stephanie A. Hogue 19983 St. Aubin Street Detroit, MI 48234</i>				
Telephone number: 313892-3717 email: <i>Steph421@comcast.net</i>				Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): <i>Same as above</i>				Filed on: _____
Telephone number: _____ email: _____				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <i>1,896.00</i>				<b>RECEIVED</b>
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a:				
2. Basis for Claim: <i>Swing Holidays</i> (See instruction #2)				<b>FEB 24 2014</b>
3. Last four digits of any number by which creditor identifies debtor: <i>1758</i>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____				
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____				
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)				
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:				
8. Signature: (See instruction # 8) Check the appropriate box.				
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Stephanie A. Hogue</i> Title: <i>CUSTOMER SERVICE REPRESENTATIVE</i> Company: <i>CITY OF DETROIT</i> Address and telephone number (if different from notice address above): <i>SAME AS ABOVE</i>				
<i>Stephanie A. Hogue 2/20/14</i> (Signature) (Date)				
Telephone number: _____ email: _____				

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM <b>FILED</b> <b>FEB 21 2014</b> COURT IS BANKRUPTCY Court In Eastern District
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>STEPHANIE A. HOGUE</b>			
Name and address where notices should be sent: <b>STEPHANIE A. HOGUE</b> <b>19983 ST. AUBIN Street</b> <b>Detroit, MI 48234</b>			
Telephone number: 313 892-3717 email: <b>Steph421@comcast.net</b>			
Name and address where payment should be sent (if different from above): <b>SAME AS ABOVE</b>			
Telephone number:		email:	
1. Amount of Claim as of Date Case Filed:		\$ <b>1800</b>	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement giving particulars.			
2. Basis for Claim: <b>Longevity</b> (See instruction #2)		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
3. Last four digits of any number by which creditor identifies debtor: <b>1758</b>		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Basis for perfection: _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Amount of Secured Claim: \$ _____	
Value of Property: \$ _____		Amount Unsecured: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____	
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		\$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are <b>redacted</b> copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and <b>redacted</b> copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction #8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <b>STEPHANIE A. HOGUE</b> Title: <b>CUSTOMER SERVICE REPRESENTATIVE</b> Company: <b>CITY OF DETROIT</b> Address and telephone number (if different from notice address above): <b>SAME AS ABOVE</b>			
Telephone number:		email:	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

510 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>FILED</b> FEB 21 2014
Name of Debtor: <u>City of Detroit, Michigan</u>		Case Number: <u>13-53846</u>	<b>US Bankruptcy Court</b> <b>MI Eastern District</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):  <u>STEPHANIE A. HOGUE</u>			
Name and address where notices should be sent:  <u>Stephanie A. Hogue 19983 St. Aubin Street Detroit, MI 48234</u>		Check this box if this claim amends a previously filed claim.	
Telephone number: <u>313 892 3717</u> email: <u>Steph421@comcast.net</u>		Court Claim Number: (if known)	
Name and address where payment should be sent (if different from above):  <u>SAME AS ABOVE</u>		Filed on:	
Telephone number: <u>email:</u>		Check this box if you are aware that anyone else has filed a proof of claim referring to this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed: <u>1,896.00</u>		<b>RECEIVED</b> FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.			
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a description of the claim.			
2. Basis for Claim: <u>Bonus Vacation Days</u> (See instruction #2)		KURTZMAN CARSON CONSULTANTS	
3. Last four digits of any number by which creditor identifies debtor: <u>1758</u>		3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <u>      </u>	
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection:	
Value of Property: \$ <u>      </u>		Amount of Secured Claim: \$ <u>      </u>	
Annual Interest Rate (when case was filed): <u>      </u> % <input checked="" type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ <u>      </u>	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ <u>      </u>			
6. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § <u>      </u> . \$ <u>      </u>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of bank accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FDCPA 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction #8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent.		<input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)	
		<input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)	
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <u>STEPHANIE A. HOGUE</u> Title: <u>CUSTOMER SERVICE REPRESENTATIVE</u> Company: <u>CITY OF DETROIT</u> Address and telephone number (if different from notice address above):		Signature: <u>Stephanie A. Hogue 2/20/14</u> (Signature) (Date)	
Telephone number: <u>      </u> email: <u>      </u>			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B10 (Official Form 10) (04/13) (Modified)

FILED  
PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	FEB 21 2014
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Teulaina Richardson</i>			
Name and address where notices should be sent: <i>Teulaina Richardson 3044 Lawton, Det, MI 48216</i>			
Telephone number:		email:	
Name and address where payment should be sent (if different from above): <i>Same 313-662-4530 TRsueets102@gmail.com</i>		Check this box if this claim amends a previously filed claim.	
Telephone number:		email:	
1. Amount of Claim as of Date Case Filed:		\$ <u>APPROX. \$10,000.00</u>	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: (See instruction #2)		<u>Annuity</u>	
3. Last four digits of any number by which creditor identifies debtor: <u>XXX-XX-1051</u>		3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <u>0</u>	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: <i>N/A</i>		Basis for perfection: <u>N/A</u>	
Value of Property: \$ <u>N/A</u>		Amount of Secured Claim: \$ <u>N/A</u>	
Annual Interest Rate (when case was filed) <u>%</u> <input checked="" type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ <u>N/A</u>	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ <u>0</u>			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § <u>0</u> \$ <u>N/A</u>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase agreements, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed. Evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
RECEIVED FEB 24 2014			
KURTZMAN CARSON CONSULTANTS			
8. Signature: (See instruction #8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Teulaina Richardson</u> Title: _____ Company: <u>City of Detroit</u> Address and telephone number (if different from notice address above): <u>3044 Lawton, Det, MI 48216 313-662-4530</u>			
Telephone number:		email:	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>RECEIVED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 24 2014
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): Bolton, Dinah L			
Name and address where notices should be sent: NameID: 11529566  Bolton, Dinah L 20230 Fenelon Street Detroit, MI 48234		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  Filed on: _____	
Telephone number: 313-893-3148 email: dinahlynn@sbclglobal.net		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above):  Telephone number: _____ email: _____			
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>30,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
<b>2. Basis for Claim:</b> <u>10% pay cut, loss of 4% pay increase, merit pay, turb. in reimbursement, lay off pay, election day pay, loss of health care, increased costs, loss of longevity, sick time, costs in annuity (See instruction #2) and pension, loss of savings, out of class pay.</u>			
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>1000</u>		<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		<b>Basis for perfection:</b> _____	
<b>Value of Property:</b> \$ _____		<b>Amount of Secured Claim:</b> \$ _____	
<b>Annual Interest Rate (when case was filed)</b> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		<b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).</b> \$ _____			
<b>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. §</b> _____ \$ _____			
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6) \$ <u>0.00</u>			
<b>7. Documents:</b> Attached are <b>redacted</b> copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and <b>redacted</b> copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
<b>8. Signature:</b> (See instruction #8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Dinah Lynn Bolton</u> Title: <u>Principal Development Specialist</u> Company: <u>SBCL</u> Address and telephone number (if different from notice address above): <u>20230 Fenelon St</u> <u>Detroit, MI 48234</u> <u>(313) 893-3148</u> Telephone number: _____ email: _____			
(Signature)		<u>Dinah L Bolton</u> <u>2/18/14</u> (Date)	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

510 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FILED</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Francine M. Duncan - Martin</i>			
Name and address where notices should be sent: <i>Francine M. Duncan - Martin 19015 Elsmere EASTPOINTE, MI 48021</i>		U.S. BANKRUPTCY COURT E.D. MICHIGAN, DETROIT Court Claim Number: _____ (If known)	
Telephone number: 313 657 1993 email: <i>fdmartin@sbcglobal.net</i>		Filed on: _____	
Name and address where payment should be sent (if different from above): <i>NA</i>			
Telephone number: _____ email: _____		□ Check this box if this claim amends a previously filed claim.	
1. Amount of Claim as of Date Case Filed: \$ <i>22,040.17 (See attached)</i>		□ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. □ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <i>10% Pay Cut, housing, Snow Removal, Heating, Daycare, Lunch hours, (See instruction #2) annually free of charge, Redacted file back</i>			
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____. \$ _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
<b>RECEIVED</b> <b>FEB 24 2014</b>			
KURTZMAN CARSON CONSULTANTS			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: _____		<i>Francine M. Duncan - Martin 2/18/14</i> (Signature) _____ (Date) _____	
Title: _____			
Company: _____			
Address and telephone number (if different from notice address above): _____ _____			
Telephone number: _____ email: _____			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 19 U.S.C. §§ 152 and 2271.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		<b>FILED</b> CHAPTER 9 PROOF OF CLAIM <b>FEB 21 2014</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		US Bankruptcy Court MI Eastern District COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Roderick French</b>				
Name and address where notices should be sent: <b>20427 Balfour # 3 Harper Woods, MI 48225</b>				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: <b>313 418-7890</b> email: <b>KGF117@comcast.net</b>				Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above):				Filed on: _____
Telephone number: _____ email: _____				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>RECEIVED</b>				
<b>FEB 24 2014</b>				
<p>1. Amount of Claim as of Date Case Filed: <b>\$ 1880 17,641.66</b></p> <p>If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>				
<p>2. Basis for Claim: <b>1090 Paycut, Longevity, swing holidays, Election Day, Lunch hour (See instruction #2) ANNUITY Freeze and Reserved sick bank</b></p>				
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____		
Value of Property: \$ _____		Amount of Secured Claim: \$ _____		
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____		
<p>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____</p>				
<p>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____</p>				
<p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p>				
<p>7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____</p>				
<p>8. Signature: (See instruction # 8) Check the appropriate box.</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)</p>				
<p>I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.</p> <p>Print Name: <b>Roderick French</b> Title: <b>Principal Court Analyst</b> Company: <b>City of Detroit Water and Sewerage Dept</b> Address and telephone number (if different from notice address above): <b>Roderick French 2/20/14</b> (Signature) <b>(Date)</b></p>				
<p>Telephone number: <b>313 418-7890</b> email: <b>KGF117@comcast.net</b></p>				

13-53846-jjt DOC 11102-1 Filed 04/21/16 Entered 04/21/16 15:11:19 Page 52 of 52

Name *Roderick French*  
Title *PRINCIPAL GOVERNMENTAL ANALYST*  
*CITY OF DETROIT*  
*Water and Sewerage Department*

*Non-Negotiated Reductions in Wages, Budgeted Furlough Days and Election Day Holiday taken away.  
Also elimination of longevity payout, Reserved Sick Bank and swing holiday, bonus vacation days added.*

<i>Forced 10% reduction in pay for 1,995 hours (\$2.33 pay cut 8/6/12-7/18/13).....</i>	<i>\$4,648.35</i>
<i>Elimination of longevity 2yr@ \$300.00/yr .....</i>	<i>\$600.00</i>
<i>Swing Holiday hrs taken 24hrs@ \$23.27/hr.....</i>	<i>\$558.48</i>
<i>Election Day worked 8hrs worked @ \$23.27/hr.....</i>	<i>\$186.16</i>
<i>Hour lunch eliminated 245hr@ \$23.27/HR.....</i>	<i>\$5,701.15</i>
<i>Annuity Freeze (accumulated interest)...Three Quarters.....</i>	<i>\$1,800.00</i>
<i>Reserved Sick Bank (40 Hours).....</i>	<i>\$930.80</i>
<i>Budgeted Furlough Days (17 days X 186.16/day).....</i>	<i>\$3,164.72</i>
<b><i>GRAND TOTAL:.....</i></b>	<b><i>\$17,641.66</i></b>

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	CHAPTER 9 PROOF OF CLAIM <i>FILED</i>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	2014 FEB 21 A 10:49 COURT USE ONLY U.S. BANKRUPTCY COURT E.D. MICHIGAN-DETROIT Court Claim Number: _____ (If known)
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Carol Jean Finley</i>	
Name and address where notices should be sent: 8227 Karam Blvd, Unit #1 Warren, MI 48093		Telephone number: _____ email: _____	Check this box if this claim amends a previously filed claim. Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above): <i>Same</i>		Telephone number: _____ email: _____	Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ <u>59,130</u>		RECEIVED FEB 24 2014 KURTZMAN CARSON CONSULTANTS NA	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Service performed, delivering health care, credit card debt</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <u>4809</u>		3a. Debtor may have scheduled account as: <u>No Change</u> (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ <u>36,000</u> Home, <u>9,000</u> Car Annual Interest Rate (when case was filed) <u>5.1 %</u> <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable			
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: <u>\$ 4,000</u> Basis for perfection: <u>Car, Home, Interest, Longevity</u> <u>in Pension</u>			
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ <u>59,130</u>			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ <u>59,130</u>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent.		<input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)	
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Carol Finley</u> Title: <u>Sr. Store Keeper</u> Company: <u>City of Detroit - FIRE</u> Address and telephone number (if different from notice address above):  586-826-5001 <u>FinleyC@detroitmi.gov</u> Telephone number: _____ email: _____			
<p><i>Carol Finley</i> <u>2/18/14</u> (Signature) (Date)</p> <p><i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</i></p>			

B10 (Official Form 10) (04/13) (Modified)

FILED  
CHAPTER 9  
PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	FEB 21 2014
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>City of Detroit</u>			
Name and address where notices should be sent:  <u>Sarah M. McCrary 19971 Conley Detroit, MI 48234</u>			
<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(If known)</i> Filed on: _____			
Telephone number: _____ email: _____ Name and address where payment should be sent (if different from above):  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement given to you.			
Telephone number: _____ email: _____  <b>1. Amount of Claim as of Date Case Filed:</b> <u>\$ 27,686.00</u> FEB 24 2014			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
<b>2. Basis for Claim:</b> <u>INCREASE in Health Care, LOSS of swing Holidays, PAID Lunch, 20% of PAYI (See instruction #2) Longevity, PAID Lunch, pension</u>			
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>9779</u>		<b>3a. Debtor may have scheduled account as:</b> _____ <i>(See instruction #3a)</i>	
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> <u>\$ _____</u>	
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <i>Describe:</i>		<b>Basis for perfection:</b> _____	
<b>Value of Property:</b> _____		<b>Amount of Secured Claim:</b> <u>\$ _____</u>	
<b>Annual Interest Rate (when case was filed)</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		<b>Amount Unsecured:</b> <u>\$ _____</u>	
<b>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).</b> <u>\$ _____</u>			
<b>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.</b> <u>\$ _____</u>			
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
<b>7. Documents:</b> Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
<b>8. Signature:</b> (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <i>(See Bankruptcy Rule 3004.)</i>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Sarah McCrary</u> Title: _____ Company: <u>City of Detroit</u> Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____		(Signature) <u>Sarah M. McCrary</u> (Date) <u>2/21/14</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		FILED PROOF OF CLAIM	
Name of Debtor: <b>City of Detroit</b>	Case Number: <b>2013 13-53846</b>	U.S. BANKRUPTCY COURT E.D. MICHIGAN - DETROIT	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Julius R Collins</b>		COURT USE ONLY	
Name and address where notices should be sent: <b>RECEIVED SEP 09 2013 KURTZMAN CARSON CONSULTANTS</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Telephone number:	email:	Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above): <b>3330 Dartmouth Detroit, MI 48217</b>		Filed on: _____	
Telephone number:	email:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed: \$ _____			
If all or part of the claim is secured, complete item 4.			
If all or part of the claim is entitled to priority, complete item 5.			
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <b>In entitlement of compensation earned</b> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Basis for perfection: _____	
Describe: _____			
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	
<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).		<input type="checkbox"/> Other – Specify _____ applicable paragraph of 11 U.S.C. § 507 (a)(__).	
Amount entitled to priority: \$ _____			

\*Amounts are subject to adjustment on 1st July and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)



7. **Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

RECEIVED

SEP 09 2013

8. **Signature:** (See instruction #8)

KURTZMAN CARSON CONSULTANTS

Check the appropriate box.

I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent.  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Julius R. Collins  
 Title: SPO  
 Company: WWTP  
 Address and telephone number (if different from notice address above):  
9300 W. Jefferson

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**  
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**

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B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<b>FILED</b>  <b>FEB 19 2014</b> <b>COURT USE ONLY</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		MI Eastern District (if known)	
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Carmelita J. Brown-Bulllock</i>		Check this box if this claim amends a previously filed claim. <input type="checkbox"/> Bankruptcy Court Court Claim Number _____	
Name and address where notices should be sent: <i>Carmelita J. Brown-Bulllock 21923 Ontaga St. Farmington Hills, MI 48336</i>		Filed on: _____	
Telephone number: (313) 828-7878 email: <i>Jeanettescomp@aol.com</i>		Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <input type="checkbox"/>	
Name and address where payment should be sent (if different from above): <i>Same as above</i>		RECEIVED	
Telephone number: (313) 828-7878 email: <i>Jeanettescomp@aol.com</i>		FEB 24 2014	
1. Amount of Claim as of Date Case Filed: \$ 19,566.79		KURTZMAN CARSON CONSULTANTS	
If all or part of the claim is secured, complete item 4. - If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <i>Debtors caused Creditor to lose wages when they changed their policies mid-stream without bargaining. (less benefits as well)</i> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <i>Case # 13-53846</i>		3a. Debtor may have scheduled account as: <i>N/A</i> (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <i>N/A</i>	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____ <i>N/A</i>			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____ <i>N/A</i>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6) <i>N/A</i>			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: <i>Documentation Submitted by STAAT Union</i>			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Carmelita J. Brown-Bulllock</i> Title: <i>Stre. CPCA (Formerly)</i> Company: <i>CITY OF Detroit (Formerly)</i> Address and telephone number (if different from notice address above): <i>21923 Ontaga St. Farmington Hills, MI 48336 (313) 828-7878 Jeanettescomp@aol.com</i>			
Telephone number: <i>email:</i>		(Signature) <i>Carmelita J. Brown-Bulllock 2/18/14</i> (Date)	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment			

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM <b>FILED</b>						
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Janice E. Clarke</i>		US Bankruptcy Court MI Eastern District						
Name and address where notices should be sent: <i>18645 Gainsborough Detroit, MI 48223</i>		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim.						
Telephone number: <i>313-510-0018</i> email: <i>jeclarke.JC@gmail.com</i>		Court Claim Number: _____ (If known)						
Name and address where payment should be sent (if different from above): <i>16546 Stoepel Detroit, MI 48221</i>		Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
Telephone number: <i>313-510-0018</i> email: <i>jeclarke.JC@gmail.com</i>		<b>RECEIVED</b>						
1. Amount of Claim as of Date Case Filed: \$ <u>50,000.00</u>								
If all or part of the claim is secured, complete item 4.								
If all or part of the claim is entitled to priority, complete item 5.								
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges								
2. Basis for Claim: <u>LOSS wages, Longevity, med Benefits, Annuity %, merit + step Increases, Sick leave (See instruction #2) Vacation, sick day eliminated, swing + Holiday eliminated</u>								
3. Last four digits of any number by which creditor identifies debtor: <i>3463</i>	3a. Debtor may have scheduled account as:  <i>(See instruction #3a)</i>	3b. Uniform Claim Identifier (optional):  <i>(See instruction #3b)</i>						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.								
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____								
Value of Property: \$ _____								
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)								
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.								
<table border="0"> <tr> <td><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</td> <td><input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</td> <td><input checked="" type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</td> </tr> <tr> <td><input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).</td> <td><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</td> <td><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).</td> </tr> </table>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input checked="" type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input checked="" type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).						
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).						
<p>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>								
6. Credits. The amount of all payments on this claim has been credited for the purpose of making								

7. **Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim (See instruction #7, and the definition of "redacted".)

RECEIVED

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

FEB 24 2014

## 8. Signature: (See instruction #8)

Check the appropriate box.

I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent.  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Janice E. Clarke  
 Title: SE: Telecom Technician  
 Company: CITY OF DETROIT  
 Address and telephone number (if different from notice address above)

KURTZART CARSON CONSULTANTS

Janice E. Clarke 2/21/2014  
 (Signature) (Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

## Items to be completed in Proof of Claim form

## Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of pertinent documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

## Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

## 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

## 6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

## 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

7. Documents: Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

## 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

## 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

## 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

## 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

## 4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is not secured.

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## INTER-DEPARTMENTAL COMMUNICATION

July 27, 2012

To: City of Detroit Employee

From: Lamont D. Satchel, Esq.  
Director of Labor Relations

RE: City Employment Terms

As you know, the City of Detroit has implemented employment terms ("City Employment Terms" or "CET") for employees in certain unions. Employees are encouraged to contact their respective unions for questions regarding the applicability of the City Employment Terms to them. We understand that there are a number of questions employees have regarding the actual implementation of various City Employment Terms as they affect wages, vacation, sick banks, healthcare and other areas of importance to employees. Below are a number of items covered by the City Employment Terms, accompanied by the City's approach to implementation.

It should be kept in mind that it is the City's intent to implement the economic and non-economic provision of the City Employment Terms in a reasonable manner so as to avoid or minimize personal and operational disruption.

Implementation of the item below for non-union employees will be communicated at a later date.

10% Wage Reduction and Cessation of Furlough – A 10% wage reduction will be reflected in employee's paychecks on August 24 or August 31, 2012, depending on the employee's pay cycle. Budgeted Required Furlough ("BRF") days will be discontinued and coincide with replacement by the 10% wage reduction. The last Budgeted Required Furlough day will be July 30, 2012. For employees who do not have BRF days the 10% wage reduction shall be effective July 17, 2012.

Merit and Step Increases – All merit and step increases have been eliminated effective July 17, 2012.

Shift Premium – Shift premiums will be \$.25 for the afternoon shift and \$.50 for the night shift, effective August 12, 2012.

Vacation Accrual Cap – Currently vacation hours are capped at 320 hours and accrual over this amount must be used before September 30, 2012. Going forward the cap on accrual of vacation hours will be reduced to 160 hours. However, this year employees will be allowed to carry over up to 320 hours on October 1, 2012. This cap will be implemented pursuant to the Human Resource Vacation Policy.

Elimination of Swing Holidays and Election Day as Holiday – Swing holidays received this July 1, 2012 will be honored. However, there will be no future receipt of swing holidays after July 1, 2012. Effective July 17, 2012, proration of swing holidays for new hires has ceased. Effective July 17, 2012, Election Days formerly treated as holidays will be considered work days.

Sick Time Banks – Award of Reserve and Seniority Sick Banks will be discontinued. No more accruals to these banks will be made after July 1, 2012, but they will be available for use. Current Sick Banks will be capped at 300 hours. Employees will be notified prior to the effective date of the cap.

Jury Duty – Supplemental jury duty pay will be eliminated. However, employees will be allowed to use available paid leave time while off on jury duty. Employees will be notified prior to implementation of this change in the city's jury duty policy.

Private Car Mileage Reimbursement - Effective September 2012, City of Detroit employees who qualify for mileage reimbursement will no longer receive the \$3.00/day reimbursement for use of their vehicle on city business. Such employees will, however, continue to receive actual mileage reimbursement. Also, supplemental accident payments are eliminated effective September 2012.

Health Care – The City has made changes to the plan design of its health care benefits including BCBSM PPO, Health Alliance Plan & Total Health Care. The City is eliminating BCBSM Traditional and Comprehensive Major Medical as plan options for all active employees subject to the CET. Open Enrollment is expected to occur October 1 – October 31, 2012 and the 80/20 employee healthcare contribution is expected to be implemented in October 2012.

#### *Health Care Plan Changes*

- Deductibles increase to \$250 per person/\$500 per family for all plans
- Coinsurance increase to 80/20 for all plans
- Coinsurance maximum increase to \$1,500 per person/\$3,000 per family
- Office Visit Copay increase to \$25 per visit
- Urgent Care Copay increase to \$25 per visit
- Emergency Room Copay increase to \$100 per visit
- New Hospital Admission Copay of \$100 per admission
- Prescription drug Copay increase to \$10 generic/\$35 preferred brand/\$50 non-preferred brand.
- Mandatory generic
- Mandatory step therapy
- Mandatory prior authorization

- Mandatory mail order for maintenance medications
- Exclusion of lifestyle drugs except Weight Management, Smoking Cessation and Birth Control medications
- Self Funded prescription drug administration changed to new vendor. All fully insured prescription drugs will continue to be administered by the respective HMO provider i.e. HAP, BCN, THC.
- Medical, Dental and Vision employee premium cost sharing is changed to 80/20.

**Death Benefit & Life Insurance** – The City will continue to provide death benefits and life insurance as previously outlined in the most recently expired collective bargaining agreements. The life insurance benefits will be contained in city policy.

**Retirement** – The multiplier has been reduced to 1.5 and the escalator eliminated. The expected implementation date for these changes is November 2012.

**Supplemental Unemployment Benefit** – The City will no longer provide the supplemental unemployment benefit to employees who become eligible for the benefits after July 17, 2012. Employees currently receiving this benefit will receive their last payment on August 10 or August 17, 2012, depending on their pay cycle.

**Overtime** – All changes reflected in the overtime provision of the CET, including the reduction of overtime to 1 ½ and elimination of daily overtime will be implemented prior to the end of the calendar year for relevant employees. Advance notification of implementation will be provided.

**Unused Sick Leave on Retirement** – Any sick leave accumulated after July 17, 2012 and remaining unused at retirement will not be paid out.

**Holiday** – The holiday premium rate is reduced from double time to 1 ½ . This change will be implemented November 1, 2012.

**Funeral Leave** – Effective August 1, 2012, employees may take up to two days off, with pay, for funeral leave for immediate family members. Up to an additional three (3) days may be taken and charged to an employee's sick leave bank.

**Clothing & Uniform Allowance** – Where applicable, clothing and uniform allowances will now be paid every two (2) years, instead of every year. Eligible employees will receive such allowance this fiscal year.

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Tuition Refund – The Tuition Refund program is eliminated effective July 17, 2012. Employees taking eligible classes and receiving tuition refunds as of the effective date will receive refunds for that semester only.

Longevity – Effective October 1, 2012 there will be no annual longevity payment and no proration upon separation of employment.

125k Plan – The City will be implementing a 125K Flexible Spending Account Plan. Employees will receive prior notification of the implementation date and details regarding participation.

Out-of-Class Pay – Employees working out of classification will receive out-of-class payment after 30 consecutive days of working out of classification. This practice will become effective September 1, 2012.

Bonus Vacation Days – Bonus Vacation Days received this July 1, 2012 will be honored. However, there will be no future receipt of Bonus Vacation Days after July 1, 2012.

Sick Time Inclusion in Final Average Compensation – The inclusion of sick time in an employee's Final Average Compensation will be discontinued. The expected implementation date is November 15, 2012

TO: All Department Directors, Deputies and Agency Heads

FROM: Joseph P. Martinico, Labor Relations Director *JP Martinico*

DATE: February 24, 2011

RE: **IMPLEMENTATION OF BUDGET REQUIRED FURLough  
DAYS FOR SENIOR ACCOUNTANTS, ANALYSTS AND  
APPRAISERS (SAAA) BU 7100**

This notice is to inform you that effective March 14, 2011, employees represented by SAAA will begin to observe unpaid Budget Required Furlough (BRF) Days. In accordance with the terms and conditions of their 2008 – 2012 collective bargaining agreement, the BRF days will be continued for three consecutive twelve-month periods. Please refer to the attached documents for the BRF implementation guidelines and schedule.

Attachments

# Budget-Required Furlough (BRF) Day Implementation Guidelines

*(These guidelines are intended to be used for implementing budget-required furlough days for union represented employees.)*

- ◆ Budget-Required Furlough (BRF) Days are prescheduled days off without pay. BRF days are to be taken in eight (8) hour increments.
- ◆ Labor Relations will provide notice to departments when specific bargaining units are to start the BRF days. Please do not implement the established BRF day schedule prior to receiving this notice. All affected unions will also receive notice from Labor Relations.
- ◆ Upon receipt of notice from Labor Relations, directors will be responsible for providing notice to the union represented employees, within their department, of the BRF start date.
- ◆ To the maximum extent possible, all employees are required to take BRF days off without pay in accordance with the City of Detroit's official BRF schedule. We must however, provide an appropriate level of supervision to manage work activities and employees who are not, as of this time, participating in the BRF. To ensure adequate levels of supervision, directors must assign a limited number of supervisors to manage operations on BRF days.
- ◆ Employees who are scheduled to work on a BRF day will be paid for the day, but will be required to take a BRF make-up day. BRF make-up days are to be scheduled by the department and taken by the employee as soon as possible. The requirement is that all BRF make-up days (without pay) must be taken within the 12-month period. (Example – Employee A must work the scheduled BRF day on Monday, February 15, 2010. Employee A's make-up BRF day must be taken before the end of the twelve month period in which the BRF was missed.)
- ◆ Directors are responsible for ensuring that in instances where employees are required to work on a BRF day, that a BRF make-up day is scheduled and taken by the employee. BRF make-up days should only be used when absolutely necessary. In an effort to prevent an entitlement to unemployment compensation, an employee should not be allowed to take more than two (2) furlough days in a pay cycle and cannot take more than one (1) furlough day per calendar week.
- ◆ Emergency and 24 hour/7 day Operations: The City recognizes that emergency service and certain 24 hour/7 day operations will not be able to reduce work hours or close on BRF days without incurring additional overtime costs. All 2008 - 2012 labor agreements contain an exception provision for these operations. However, all department directors are hereby instructed to implement the BRF day schedule to the maximum extent possible.
- ◆ Emergency Call In: Employees should only be called in for an emergency situation on BRF days. If an employee is called in to work on a BRF day, the employee will be paid in accordance with the "show-up" or "call back" payroll rules specified in the labor agreement or City Code. In this instance, the employee will NOT be required to make up the BRF day, regardless of the number of hours the employee is required to work. Again, this rule only applies in situations where the employee was called in to work on the BRF day. It does not apply when advance notice was provided to the employee that he/she is required to work on the BRF day.
- ◆ Grant agencies will be required to take BRF days. It may be necessary to extend the hours of operation. Department Directors are responsible for determining the hours of operation, with approval from the Mayor's Office, and to ensure the appropriate staffing levels are provided, including supervision.

*Note: Directors are required to provide documented rationale for all instances where BRF make-up days have been waived. Copies of such documentation must be provided to appropriate Group Executives, Labor Relations, and Budget for review.*

# 2011 (Revised)

Management reserves the right to establish the Budget Required Furlough (days off with no pay) schedule, including the designation of the implementation date. This schedule is provided for concept demonstration purposes only and does not in any way obligate the City to implement this particular schedule. As such, it is understood that the dates that have been designated herein as BRF days are subject to change. Appropriate adjustments shall be made to achieve 26 days without pay during the fiscal year, and to the greatest extent possible to achieve uniformity among the City's various bargaining units.

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■ Holiday or Excused Time Day  
Budget Required Furlough(No-Pay)

1/24/2011:LRZG

# 2012

Management reserves the right to establish the Budget Required Furlough (days off with no pay) schedule, including the designation of the implementation date. This schedule is provided for concept demonstration purposes only and does not in any way obligate the City to implement this particular schedule. As such, it is understood that the dates that have been designated herein as BRF days are subject to change. Appropriate adjustments shall be made to achieve 26 days without pay during the fiscal year, and to the greatest extent possible to achieve uniformity among the City's various bargaining units.

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■ Holiday or Excused Time Day  
■ Budget Required Furlough(No-Pay)

8/20/2009:LRZG

# 2013

Management reserves the right to establish the Budget Required Furlough (days off with no pay) schedule, including the designation of the implementation date. This schedule is provided for concept demonstration purposes only and does not in any way obligate the City to implement this particular schedule. As such, it is understood that the dates that have been designated herein as BRF days are subject to change. Appropriate adjustments shall be made to achieve 26 days without pay during the fiscal year, and to the greatest extent possible to achieve uniformity among the City's various bargaining units.

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■ Holiday or Excused Time Day  
■ Budget Required Furlough(No-Pay)

8/20/2009:LRZG

To: All City of Detroit Employees

From: Joseph P. Martinico, Labor Relations Director *J.P. Martinico*

**Subject: Elimination of the Paid Lunch Period**

Date: November 7, 2011

This notice is to inform you that pursuant to recently negotiated changes to the labor agreements, the regular full working day for City employees shall consist of eight (8) hours of work in the service day, exclusive of the lunch break. Employees must work forty hours to be paid for forty hours; there are no paid lunch periods. Each department will be responsible for monitoring the implementation of the 40 hour work week and the timekeeping thereafter, in either Workbrain or on a manual timesheet, effective 12/12/11.

In order to implement the elimination of the paid lunch period in Workbrain, a new shift pattern will be assigned to employees who currently are assigned a paid lunch. Employee's belonging to a union where there is no settled or imposed contract will not be included in the implementation process at this time.

Any questions regarding the assignment of new shift patterns should be directed to your department management team.



## INTER-DEPARTMENTAL COMMUNICATION

To: City of Detroit Employees

From: Lamont D. Satchel, Esq. *Lamont D. Satchel*  
Director of Labor Relations

Date: November 8, 2012

RE: Revised Implementation Dates for Select City Employment Terms

In a previous communication to employees subject to City Employment Terms, dated July 27, 2012, the Labor Relations Division identified several economic and non-economic provisions of the City Employment Terms that would be implemented over a period of time. This communication updates the prior communication by providing revised implementation dates for the City Employment Terms listed below:

Overtime – The reduction of overtime to time and one-half (1 ½) from double time for the seventh day effective November 12, 2012.

Holiday – The holiday premium rate is reduced from double time to time and one half (1 ½) effective November 12, 2012.

Shift Premium – Shift premium will be \$.25 for the afternoon shift and \$.50 for the night shift effective November 9, 2012

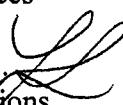
Elimination of Longevity, Longevity additive and Proration – Effective November 15, 2012, there will be no annual longevity payment and no proration of longevity payment upon separation of employment.

If there are any questions or concerns on these issues, please contact Labor Relations on 224-3860.

LDS:lbw

## INTER-DEPARTMENTAL COMMUNICATION

June 24, 2013

To: City of Detroit Employees  
From: Lamont D. Satchel, Esq.   
Director of Labor Relations  
RE: Benefits Changes for CET Governed Employees

As you know, the City of Detroit implemented employment terms ("City Employment Terms" or "CET") for employees in certain unions including the Detroit Water and Sewerage Department.

Indicated below are benefit changes and implementation dates.

Vacation Accrual/Carryover Cap – Vacation hours are capped at 240 hours and accrual over this amount must be used before September 30, 2013. Going forward the cap on accrual /carryover of vacation hours will be reduced to 160 on October 1, 2014.

Elimination of Swing Holiday and Election Day as Holiday – Effective July 1, 2013, Swing Holidays are eliminated, including the proration of swing holidays for new hires. Election Days formerly treated as an Excused Time Holiday will be considered a work day.

Elimination of Bonus Vacation Days - Effective July 1, 2013, employees will no longer receive bonus vacation days.

Sick Time Banks – Award of Reserve and Seniority Sick Banks will be discontinued. No more accruals to these banks will be made after July 1, 2012, however they will be available for use.

If there are any questions or concerns, please contact Labor Relations at 313-224-3860.

LDS/lbw



## INTER-DEPARTMENTAL COMMUNICATION

To: City of Detroit Employees *L*

From: Lamont D. Satchel, Esq. *L*  
Director of Labor Relations

Date: November 28, 2012

RE: Implementation of Pension Changes for Non-Uniform Employees subject to CETs (Clarification)

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In response to employees' feedback, this communication updates and clarifies the prior communication on the specific pension items and related qualifications for the City Employment Terms listed below.

Retirement Multiplier – The multiplier is reduced to 1.5% for all service time rendered on or after December 1, 2012.

Escalator – The 2.25% annual escalator is eliminated effective December 1, 2012.

Unused Sick Leave on Retirement – Eligible employees shall continue to receive payment of sixty percent (60%) of their unused sick leave banks accrued prior to July 17, 2012. Any sick leave accumulated after July 17, 2012 will not be paid out.

Sick Time Inclusion in Final Average Compensation – Effective December 1, 2012, the provision which allowed employees to roll 25% of the unused sick leave balances into their Average Final Compensation (AFC) will be discontinued.

### Qualifications for the pre-CET retirement provisions:

- (a) Must be eligible for a service retirement (30 years of service) or Early Actuarially Reduced Pension (25 years of credited service but less than 30) on or before November 30, 2012.
- (b) The Notice of Intent of Retirement, Pre-Retirement Information and/or Notice of Retirement forms must be signed, dated and received by the Payroll Division on or before November 30, 2012.
- (c) The Employee's Last Day Worked must be no later than December 31, 2012.

To: All City of Detroit Employees

From: Joseph P. Martinico, Labor Relations Director 

**Subject: Elimination of the Paid Lunch Period**

Date: November 7, 2011

This notice is to inform you that pursuant to recently negotiated changes to the labor agreements, the regular full working day for City employees shall consist of eight (8) hours of work in the service day, exclusive of the lunch break. Employees must work forty hours to be paid for forty hours; there are no paid lunch periods. Each department will be responsible for monitoring the implementation of the 40 hour work week and the timekeeping thereafter, in either Workbrain or on a manual timesheet, effective 12/12/11.

In order to implement the elimination of the paid lunch period in Workbrain, a new shift pattern will be assigned to employees who currently are assigned a paid lunch. Employee's belonging to a union where there is no settled or imposed contract will not be included in the implementation process at this time.

Any questions regarding the assignment of new shift patterns should be directed to your department management team.

Sick Leave Days Used In Previous Fiscal Year	Bonus Vacation Days To Be Credited on July 1st
0 to 2	5
3	4-1/2
4	4
5	3-1/2
6	3
7	2-1/2
8	2
9	1-1/2
10	1
11	1/2
12 or more	0

This section shall otherwise be in accordance with Chapter 13-5-1 of the Municipal Code.

F. Employees will have access to Departmental Leave Days in accordance with the Municipal Code and the Manual of Standard Personnel Practices. Permission will not be unreasonably withheld.

G. The above shall be in accordance with Chapter 13, Article 5, Section 2 of the Municipal Code of the City of Detroit except as modified by this article.

## 26. UNUSED SICK LEAVE ON RETIREMENT

A. Employees shall be entitled to payment for unused sick leave on retirement as follows:

Upon retirement, or death with twenty (20) years of service, an employee shall be entitled to payment of one-half ( $\frac{1}{2}$ ) of their unused sick leave.

- B. The payments will be made as part of the Employee's Pension Program, or the Employee's Benefit Plan, or through the Finance Department.
- C. At the employee's option, he/she can elect to have up to the amount permitted by law of his/her unused sick leave payment deposited in his/her deferred compensation account with the balance paid to the employee.

## 27. FUNERAL LEAVE

- A. If a death occurs among members of the employee's immediate family or household, the employee, provided he/she attends the funeral or memorial service, will be granted three (3) days leave not to be charged to sick leave, provided that such leave will be extended to five (5) days if the funeral or memorial service which the employee attends is more than 300 miles from the City of Detroit. When an employee is entitled to three (3) days leave under this provision, and the funeral or memorial service is within 300 miles of Detroit, he/she shall be granted two (2) days to be charged against current sick leave and then reserve sick leave upon his/her request.
- B. Definition of Immediate Family: The immediate family is defined as wife, husband, son, daughter, brother, sister, father, mother, step-father, and step-mother.
- C. If a death occurs among the relatives of the employee, the employee will be granted one (1) day leave, not to be charged to sick leave provided he/she attends the funeral. If the funeral which the employee attends is more than 300 miles from the City of Detroit, the employee may extend the leave by two (2) days to be charged against current sick leave and then reserve sick leave upon his/her request.
- D. Definition of Relatives: Relatives are defined as grandson, granddaughter, grandmother, grandfather, brother-in-law, sister-in-law, uncle, aunt, mother-in-law, and father-in-law.
- E. The Association President or his/her designated representative, with proper notification to the department head, shall be allowed one (1) funeral day, not to be charged to sick leave, in order to attend the funeral of a City employee who was a member of his/her Association on the day prior to his/her death.

## 28. LONGEVITY PAY

- A. Employees shall qualify for longevity pay as follows:
  - 1. Employees may qualify for the first step of longevity pay, provided they have served as City employees for an accumulated period of five (5) years.
  - 2. Employees may qualify for the second step of longevity pay, inclusive of the first step provided they have served as City employees for an accumulated period of eleven (11) years.
  - 3. Employees may qualify for the third step of longevity pay, inclusive of the first and second steps, provided they have served as City employees for an accumulated period of sixteen (16) years.

4. Employees may qualify for the fourth step of longevity pay, inclusive of the first, second and third steps, provided they have served as City employees for an accumulated period of twenty-one (21) years.

5. Employees may qualify for the fifth step of longevity pay, inclusive of the first, second, third and fourth steps, provided they have served as City employees for an accumulated period of twenty-six (26) years.

6. The first step of longevity increment shall be one-hundred and fifty dollars (\$150). The second step of longevity increment inclusive of the first step, shall be three-hundred dollars (\$300). The third step of longevity increment, inclusive of the first and second steps, shall be four-hundred and fifty dollars (\$450). The fourth step of longevity increment, inclusive of the first, second and third steps, shall be six-hundred dollars (\$600). The fifth step of longevity increment, inclusive of the first, second, third and fourth steps, shall be seven-hundred and fifty dollars (\$750).

B. Employees who have qualified for longevity pay and have accumulated at least eighteen hundred (1,800) hours of straight time regular payroll hours of paid time during the year immediately preceding any December 1 date or other day of payment will qualify for a full longevity payment provided they are on the payroll on the December 1 date or any other date of qualification. Except for employees first qualifying for increments, the payment will be made in a lump sum annually on the first pay date after December 1st.

No employee will be denied a full longevity payment on December 1st because of a temporary unpaid absence of twenty (20) continuous days or less extending through the December 1st date in question.

C. Employees who first qualify for longevity pay increments in any month after any December 1st date shall be paid such increment on a pro-rata basis upon attaining such qualification in the amount of a full increment less one-twelfth (1/12) thereof for each calendar month or fraction thereof from the previous December 1st date to date of such qualification.

D. Prorated longevity payments may be made between December 1 dates to qualified employees and officers who separate or take leave from City service, excluding those who are discharged, those who resign and those who resign with a vested pension. Such prorated longevity increment shall be paid for time served on a full calendar month basis since the date of their last longevity payment; provided, that each month shall contain at least 160 straight time Regular Payroll hours of service.

E. All of the above provisions except as modified herein shall be in accordance with Chapter 13, Article 7 of the Municipal Code of the City of Detroit.

## 29. HOSPITALIZATION, MEDICAL INSURANCE, DENTAL INSURANCE AND OPTICAL CARE

A. The City shall continue to provide hospitalization and medical insurance based on the Blue Cross/Blue Shield ward service under the Michigan Variable Fee coverage (MVF-2) and the Prescription Drug Group Benefit Certificate with two dollar (\$2.00) co-pay (Certificate #87), known as the two-dollar (\$2.00) deductible Drug Rider for employees and their legal dependents, duty disability retirees and their legal dependents, duty death beneficiaries and their legal dependents, as provided by Chapter 13, Article 11 of the Municipal Code of the City of Detroit; until such time during this Agreement that the cost containment/reduction modifications are implemented pursuant to the Memorandum of Understanding Re: *Lowered Health Care Costs*. Such modifications may impact all or part of the provisions herein contained, including but not limited to medical, dental and optical care coverages.

B. The City will pay up to the following amounts per month for hospitalization:

Single person	\$100.06
Two person	\$238.29
Family	\$253.54

Fifty percent (50%) of any premium charges that exceed the above amounts shall be paid by the employees and fifty percent (50%) shall be paid by the employer.

C. Employees who wish to insure sponsored dependents shall pay the premium cost of this coverage.

D. The City will provide regular retirees and their spouses for hospitalization and medical insurance based on the Blue Cross/Blue Shield ward service under the Michigan Variable Fee coverage (MVF-2) and the Prescription Drug Group Benefit Certificate with two dollar (\$2.00) co-pay (Certificate #87) known as the two dollar (\$2.00) deductible Drug Rider as provided by City Council in the 1977-78 Closing Resolution. The City will pay this premium for regular retirees and their spouses for only as long as they receive a pension from the City.

For persons who retire on or after July 1, 1986, the City will pay up to the following amounts per month for hospitalization and medical insurance:

Single person	\$100.06
Two person	\$238.29

Fifty percent (50%) of any increase over these amounts will be paid by the retiree and fifty percent (50%) shall be paid by the City. The City will pay this premium for regular retirees and their spouses only for as long as they receive a pension from the City.



CITY OF DETROIT  
FINANCE DEPARTMENT

1200 COLEMAN A. YOUNG  
MUNICIPAL CENTER  
DETROIT, MICHIGAN 48226  
PHONE 313 • 224 • 3491  
FAX 313 • 224 • 4466

# Memo

**To:** ALL CITY EMPLOYEES  
**From:** Norman L. White, Chief Financial Officer *MLW*  
**Date:** November 13, 2009  
**Re:** Longevity – supplemental wages

In order to comply with IRS Publication #15 item 7 and IRS tax code §31.3402(g)-1(a)(1)(i), the City of Detroit is required to apply a Supplemental tax rate to wages defined under the Tax code as Supplemental wages.

For IRS tax purposes the City's Longevity payment is a bonus. Per the applicable IRS codes cited above, and confirmation by an independent IRS consultant, the City's Longevity payment must be taxed at the supplemental rate in order to comply with the federal requirements.

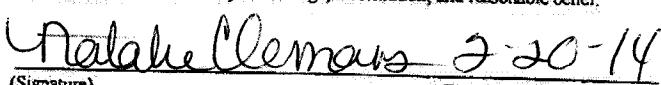
Effective with the Longevity payment payable on December 4, 2009 longevity will be taxed at the federal rate of 25% for all city employees. Per IRS requirements, this rate will be applied regardless to the number of exemptions you have on the W-4 form you filed with the City.

Depending on your current pay rate, your longevity tax rate may be more or less than a regular payroll. Please contact your tax preparer for how the change will affect your individual situation.

NLW/ML/ec

2009 NOV 23 AM 8:42  
AMERICAN PAYROLL AUDIT

## B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	FILED CHAPTER 11 OF THE UNITED STATES BANKRUPTCY COURT MICHIGAN FEB 20 2014
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	SUIT COURT USE ONLY This claim is my claim and a previous claim in the Eastern District Court Claim Number: _____ Filed on: _____
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): NATALIE CLEMONS	
Name and address where notices should be sent: NATALIE CLEMONS 18000 SANTA BARBARA DETROIT, MI 48221		Telephone number: (313) 964-9497 email: NCLEMONS@DWSD.ORG	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement of claim or balance.
Name and address where payment should be sent (if different from above):			<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.
Telephone number: _____ email: _____		1. Amount of Claim as of Date Case Filed: \$ 4,650.00	FEB 24 2014
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		KURTZMAN CARSON CONSULTANTS	
2. Basis for Claim: 10% REDUCTION IN PAY (2.29) PAY CUT (See instruction #2)		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
3. Last four digits of any number by which creditor identifies debtor: 0328		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Basis for perfection: _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Value of Property: \$ _____ Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____		 (Signature) <span style="float: right;">(Date)</span>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHIEF CLERK PROCLAMATION <b>FILED</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	FEB 20 2014
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		Name of Creditor (the person or other entity to whom the debtor owes money or property): NATALIE CLEMONS	
Name and address where notices should be sent: NATALIE CLEMONS 18000 SANTA BARBARA DETROIT, MI 48221		COURT USE ONLY <input type="checkbox"/> This Bankruptcy Case is related to a previously filed case in MI Eastern District	
Telephone number: (313) 964-9497 email: NCLEMONS@DWSD.ORG		Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above):		Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: _____ email: _____		<b>RECEIVED</b>	
1. Amount of Claim as of Date Case Filed: \$ 5,630.10		FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: LUNCH HOUR ELIMINATED 245HR @ 22.98 (See instruction #2)		KURTZMAN CARSON CONSULTANTS	
3. Last four digits of any number by which creditor identifies debtor: 0328		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box.			
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
Telephone number: _____ email: _____		(Signature) <u>Natalie Clemons 2-20-14</u> (Date) _____	

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*